



2013

Retiree Group Insurance INITIAL ENROLLMENT GUIDE



Effective January 1, 2013

2013 ASRS Enrollment

At-a-Glance

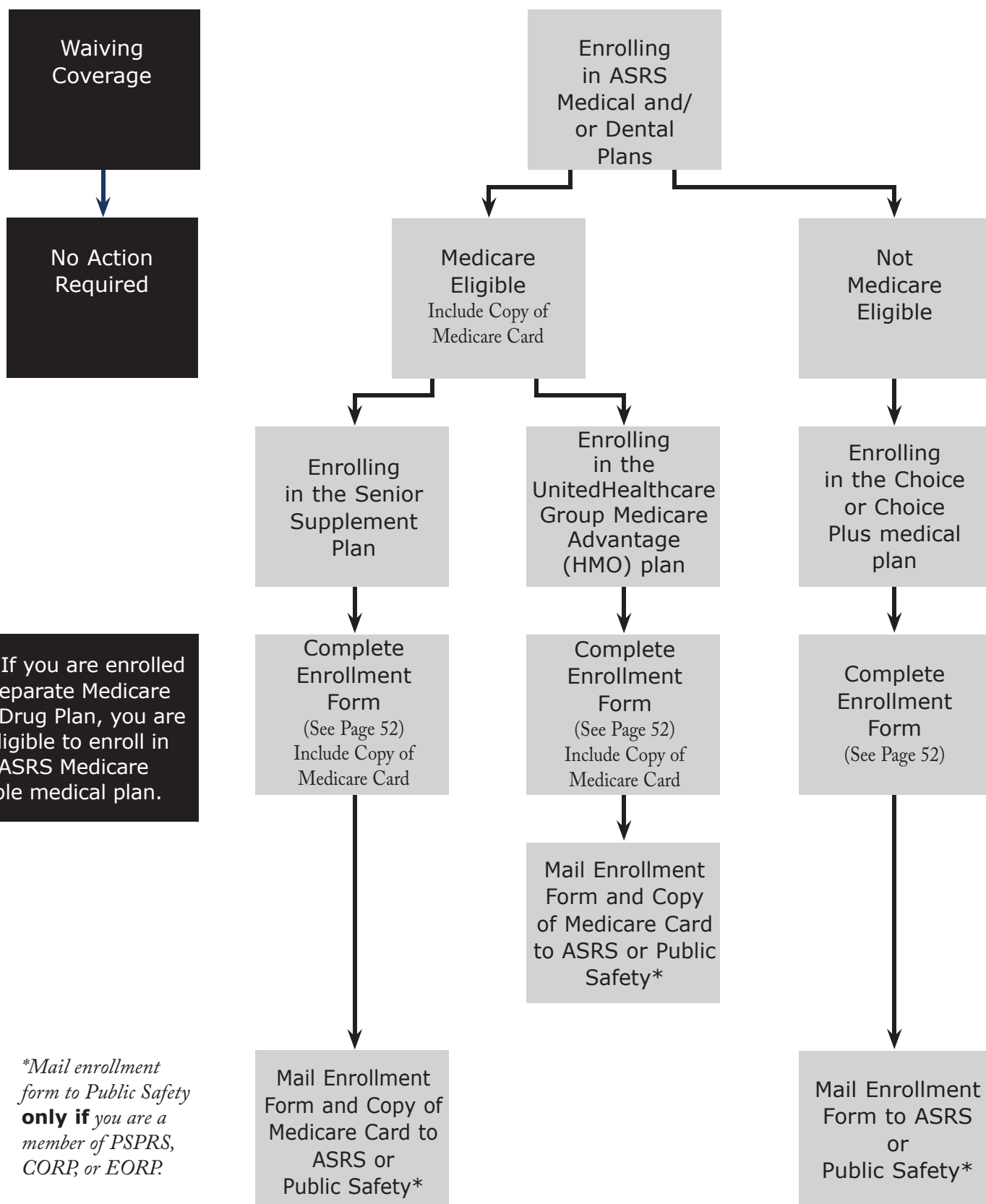


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Arizona State Retirement System

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Welcome and congratulations!

Welcome to your retiree health care program. You may elect to participate in this program whether you retire from the Arizona State Retirement System (ASRS), Public Safety Personnel Retirement System (PSPRS), Elected Officials' Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP) or University Optional Retirement Plans (UORP). We recognize that you may have a choice in retiree health care programs not only from the ASRS but also from your employer or, if applicable, a health care plan sponsored by the Arizona Department of Administration (ADOA).

This guide is intended to help you become better acquainted with the features and options of the ASRS health insurance program. For Medicare eligible retirees the ASRS provides two options: UnitedHealthcare Group Medicare Advantage (HMO) plan and the Senior Supplement plans. For non-Medicare eligible retirees there are two choices: the Choice Plan (in-network and in-state only) and the Choice Plus Plan (out-of-state) health insurance plans.

This summary provides only a general overview of the benefits of enrolling in the ASRS retiree health care program. It does not include details of all covered expenses or exclusions and limitations. Please refer to each plan's Evidence of Coverage (EOC) booklet for exact terms and conditions of coverage. The carrier mails EOCs to enrolled members upon initial enrollment or if requested.

The ASRS program includes choices of medical plans with prescription drug coverage, dental plans, a health discount savings card applicable to all retirees whether or not enrolled in the ASRS program, wellness and disease management programs, a nurseline and the SilverSneakers fitness program. There are other useful and important topics also covered in this guide, such as premiums for the insurance plans, explanations of the Premium Benefit and Optional Premium Benefit Programs, an overview of your Medicare benefits, frequently asked questions, various worksheets, and instructions on how to complete the enrollment process.

Please don't "go it alone" as ASRS knowledgeable staff are ready to help you understand the features of the ASRS plans outlined in this guide. If you have questions about your ASRS retirement or health benefits, please contact an ASRS Benefits Advisor in our Member Advisory Center. Likewise assistance may be received from the Public Safety Personnel Retirement System staff if you are a retiree of that retirement system, or the Corrections Officer or Elected Officials' retirement plans. Our staff is familiar with the complex topics governing this health care program and can help you navigate through this guide, offering additional information that you may find helpful. Phone numbers and web addresses are listed on the inside back cover of this guide.

To your health,

ARIZONA STATE RETIREMENT SYSTEM

About This Guide

Information provided in this Guide is intended solely as a guide to help you make important enrollment decisions.

The benefits described are highlights of the Arizona State Retirement System's (ASRS) retiree health insurance program. The information in this guide is effective January 1, 2013 unless otherwise noted.

This Guide constitutes a summary of the ASRS' official plan documents, contracts, Arizona statutes and federal regulations that

govern the plans. If there is any discrepancy between the information in this guide and the official documents, the official documents will always govern.

The ASRS reserves the right to change or terminate any of its plans, in whole or in part, at any time.

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Overview of 2013 Retiree Group Health Insurance Program

PLEASE READ THIS GUIDE CAREFULLY.

Who is eligible to participate?

As a retiring employee of a Participating Employer of the Arizona State Retirement System (ASRS), Public Safety Personnel Retirement System (PSPRS), Corrections Officer Retirement Plan (CORP), Elected Officials' Retirement Plan (EORP), or the University Optional Retirement Plans (UORP), you and your dependents are eligible to enroll in a medical and/or dental plan provided by the ASRS. You must enroll no later than thirty-one (31) calendar days after your retirement date in order to preserve your eligibility to be covered by the ASRS upon your retirement. If you enroll no later than thirty-one (31) days after your retirement date, your coverage will be effective on the first day of the month coincident with or following your retirement date and the timely submission of your properly completed retiree health insurance enrollment form(s).

Enrollment also applies to any member who begins to receive a long-term disability (LTD) benefit from the ASRS program and who may not be enrolled in health insurance benefits through his or her former employer. If you receive health care coverage from your Participating Employer as a retiree, you may elect to become covered by the ASRS at a future date. You may enroll with the ASRS during our annual open enrollment period (usually in October of each year) or if you experience a "qualifying event" (see page 5).

If you are currently enrolled for health insurance with your former employer, please contact them for specific employer-related enrollment information and continued eligibility for their insurance coverage.

My current coverage will continue to be provided by my Participating Employer. What do I need to do?

Many employers allow retirees to continue coverage indefinitely or for a specific period of time. Review with your Participating Employer your continuing eligibility. If you continue health insurance with your employer, complete a health insurance application with them. It is important you understand how long you may continue coverage with your Participating Employer. Once you drop your Participating Employer health insurance coverage, you may not be eligible to return to their plan. NOTE: You are eligible to enroll in ASRS health insurance at the time of retirement, during any open enrollment, or if you have a qualifying event.

When I retire should I enroll in my employer's COBRA coverage?

COBRA is a federal law that allows former employees, who terminate their employment for reasons other than gross misconduct, to continue their employer's coverage up to 18 months.

To determine which health care plan may be right for you, please compare your employer's coverage and cost with the ASRS retiree health care plan for which you are eligible. Identify which physicians may be accessed in each program because you may find that your current physician accepts patients from both programs. If that is the case, the amount of your premium payment may become a determining factor in your enrollment decision.

Whether you elect to participate in your employer's coverage or that of the ASRS, you will be entitled to the Premium Benefit Program discussed on page 55 of this guide.

What do I need to do when my COBRA coverage ends?

If you wish to be enrolled in the ASRS retiree health insurance program when your employer's COBRA coverage terminates, you must complete an ASRS enrollment form(s) and provide a letter from your former employer or COBRA administrator indicating the date your COBRA coverage ends. **This letter is very important as it establishes your "qualifying event" that allows you to enroll with the ASRS.** Failure to provide this letter may cause a delay in your ASRS health insurance enrollment. **Though you have 31 days following the termination of your COBRA coverage to enroll with the ASRS,** your ASRS coverage will always be effective on the first day of the month following receipt of your completed ASRS enrollment application. Therefore, there is no retroactive coverage for health insurance. Please remember to begin your enrollment process with the ASRS **before** your employer's COBRA coverage ends.

What will happen if I don't submit my enrollment form when I retire?

If you wish to enroll for health care coverage with the ASRS and you fail to submit your completed enrollment form within the thirty-one (31) day grace period, you will not have health care coverage with the ASRS.

Consequently, you will not be eligible to enroll in the retiree health insurance program until the next open enrollment which will take place in the autumn of 2013. However, should you experience a "qualifying event," as defined by law, during the course of the year, you may enroll in an ASRS retiree medical and/or dental plan at that time.

What is a 'qualifying event'?

A “qualifying event” permits members to make a specific mid-year change to their benefits coverage that is **consistent** with the qualifying event. If you have a qualifying event and want to enroll or are required to make a change in your coverage (i.e., add or delete dependents or are required to change your benefit plan), you must notify the ASRS or, if applicable, the Public Safety Personnel Retirement System (PSPRS) Member Services, in writing, within 31 days of the event to request a change. Following is a list of eligible qualifying events:

- **Change in member’s marital status** – marriage, divorce, legal separation, annulment, death of spouse (e.g., enroll yourself and/or add or delete a spouse),
- **Change in dependent status** – birth, adoption, placement for adoption, death, or dependent eligibility due to age (e.g., enroll yourself and/or add or delete eligible dependents),
- **Change in member’s primary residence causing a change in benefit plan availability** (e.g., change medical and/or dental plans),
- **Eligibility for Medicare** – member, spouse, dependent child (e.g., enroll yourself and add your eligible dependents in a medical and/or dental plan or, if enrolled, change medical plan of affected person),
- **Significant change in spouse’s group benefits plan cost or coverage** (e.g., enroll yourself if you are enrolled in your spouse’s group benefit plan, and add eligible dependents), and
- **Termination of COBRA coverage** – member, spouse, dependent child (e.g., enroll yourself and/or add eligible dependents).

Who is an 'eligible dependent'?

Your legal spouse,

A domestic partner, which is defined as a legal or personal relationship between two individuals who live together and share a common domestic life but are neither joined by a traditional marriage nor a civil union,

A natural child, legally adopted or placed for adoption children or stepchildren up to age 26,

A child for whom legal guardianship has been awarded to the retiree or retiree’s spouse up to the age of 26,

Foster children up to the age of 26,

A child for whom insurance is required through a Qualified Medical Child Support Order or other court or administrative order,

A child of any age who is or becomes disabled and dependent upon the retiree.

If you enroll your eligible dependent(s), additional documentation will be requested:

If you have a dependent child approaching age 26 who is disabled or under legal guardianship, you will be requested to provide:

- a certified copy of a court order granting legal guardianship, or
- verification that your dependent child has a qualifying permanent disability that occurred prior to his or her 26th birthday and is in accordance with Social Security Administration guidelines. This continuation of coverage is also subject to approval by the Medical Director of the Medical and/or Dental Health Insurance providers for ASRS.

Who is an eligible Domestic Partner?

The ASRS offers medical and dental coverage to same-gender and opposite-gender domestic partners and their eligible dependent children.

To obtain these benefits, your partner must meet the ASRS definition of a domestic partner. A domestic partnership is a legal or personal relationship between two individuals who live together and share a common domestic life but are neither joined by a traditional marriage nor a civil union. Domestic partners must share, among other criteria, a residence with the retiree and have done so continuously for the past 12 months, not legally married to or separated from anyone else, not a close blood relative, at least 18 years old, and meets certain financial interdependency tests (full criteria follows under "Eligible Domestic Partner").

To add a domestic partner to your coverage you must complete the Qualified Domestic Partner Certification packet. This packet includes the *Qualified Domestic Partner Affidavit, Declaration of Tax Status* and the *Worksheet for Determining Dependent Status*. Before completing the paperwork and submitting it to the ASRS, it is best if you review the eligibility requirements first. Be sure to return the forms (excluding the Worksheet) to ASRS along with a completed enrollment form. The domestic partner paperwork will need to be notarized. Any questions regarding the tax implications should be directed to your personal tax consultant or attorney. ASRS staff does not provide tax advice or counsel.

Eligible Domestic Partner

Your domestic partner is subject to all of the following qualifications:

- a. Shares the retiree's permanent residence;
- b. Has resided with the retiree continuously for at least 12 consecutive months before filing an application for benefits and is expected to continue to reside with the retiree indefinitely as evidenced by an affidavit filed at time of enrollment;
- c. Has not signed a declaration or affidavit of domestic partnership with any other person and has not had another domestic partner within the 12 months before filing an application for benefits;
- d. Does not have any other domestic partner or spouse of the same or opposite sex;
- e. Is not currently legally married to anyone or legally separated from anyone else;
- f. Is not a blood relative any closer than would prohibit marriage in Arizona;

- g. Was mentally competent to consent to contract when the domestic partnership began;
- h. Is not acting under fraud or duress in accepting benefits;
- i. Is at least 18 years of age; and
- j. Is financially interdependent with the retiree in at least three (3) of the following ways:
 - Having a joint mortgage, joint property tax identification, or joint tenancy on a residential lease;
 - Holding one or more credit or bank accounts jointly, such as a checking account, in both names;
 - Assuming joint liabilities;
 - Having joint ownership of significant property, such as real estate, a vehicle, or a boat;
 - Naming the partner as beneficiary on the retiree's life insurance, under the retiree's will, or retiree's retirement annuities and being named by the partner as beneficiary of the partner's life insurance, under the partner's will, or the partner's retirement annuities;
 - Each agreeing in writing to assume financial responsibility for the welfare of the other, such as durable power of attorney;
 - Other proof of financial interdependence as approved by the Director.

The packet may be obtained by calling the ASRS Member Advisory Center (MAC) at 602-240-2000 (Phoenix area), 520-239-3100 (Tucson area), 800-621-3778 (all other areas and outside the state of Arizona) weekdays from 8 AM to 5 PM, MST.

What will happen to the ASRS retiree medical plan in which I am enrolled when I become eligible for Medicare?

If you are enrolled in an ASRS medical plan and you become eligible for Medicare, **you MUST enroll in one of the two ASRS medical plans for Medicare eligible retirees if you wish to continue with ASRS health insurance coverage. Failure to enroll timely in one of the Medicare plans will result in termination of your medical coverage and you will not be able to enroll in an ASRS Medicare medical plan until the next open enrollment period.** The ASRS has medical plans for retirees who are not Medicare eligible and plans for retirees who are Medicare eligible.

Your plan change will become effective on the first day of the month in which you become eligible for Medicare (provided ASRS receives all required information prior to the requested effective date). This means that you need to notify the ASRS or PSPRS, if applicable, **prior** to the month in which you become Medicare eligible. The Centers for Medicare and Medicaid Services (CMS) will mail a Medicare card to you 3 months prior to your eligibility only if you are receiving Social Security benefits at that time. The Medicare card will include your name, Medicare claim number, the type of coverage you have (Part A, Part B, or both), and the date your Medicare coverage starts. If you are eligible for Medicare, **you must have Part A and Part B to participate in an ASRS Medicare eligible medical plan.**

In addition to completing a new health insurance enrollment form, you will need to provide a copy of your Medicare card to the ASRS or PSPRS, if applicable. Please remember that you need to submit your completed paperwork prior to the first of the month in which you become Medicare eligible.

If you have been receiving Social Security

Disability Income benefits for two years, you may become eligible to enroll in Medicare. You should complete your Medicare enrollment process well before your eligibility date so that you may transition to an ASRS Medicare eligible medical plan in a timely manner.

I forgot to notify the ASRS or PSPRS, if applicable, that I became Medicare eligible. What will happen to the retiree medical plan in which I am enrolled?

If you fail to notify the ASRS or PSPRS, if applicable, that you became Medicare-eligible, the medical plan in which you are enrolled will terminate.

Members are sent a letter 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, the member will be terminated as ineligible. It is very important to note that **the premium benefit to which you are entitled will be reduced** to the amount applicable to Medicare-eligible retirees. State law governs how much premium benefit is paid for non-Medicare and Medicare-eligible retirees/LTD recipients. In order to receive the highest premium benefit and pay the lowest health insurance premium, please let the ASRS or PSPRS, if applicable, know that you are eligible for Medicare **prior** to the month in which you become Medicare-eligible.

Your ASRS coverage will always be effective on the first day of the month **following** receipt of your completed ASRS enrollment application. Therefore, **there is no retroactive coverage** for health insurance. Please remember to begin your enrollment process with the ASRS or PSPRS, if applicable, **before** you become Medicare-eligible.

What is the Premium Benefit Program?

This benefit is provided to each eligible retired and disabled member who elects to participate in a health insurance plan sponsored by the ASRS, the Arizona Department of Administration, or a Participating Employer. This benefit helps reduce monthly health insurance premiums. The benefit to which you are entitled is dependent upon your years of credited service, enrollment in single or family coverage and whether you are Medicare eligible. Please see page 57 for more information.

What is the Optional Premium Benefit Program?

Effective January 1, 2004, any eligible ASRS member may elect to participate in this program upon retirement. This program allows you to provide continuation of a premium benefit to your contingent annuitant. The contingent annuitant is the individual to whom your monthly pension benefit would continue, in some manner, upon your death and who would be eligible to be enrolled in an ASRS retiree health care plan. Therefore, only retirees who elect a joint and survivor or period certain pension option may elect to participate in this program. Please see page 56 for more information.

Both my spouse and I are ASRS retirees. How may the Premium Benefit Program help us?

The ASRS Premium Benefit Program provides the greater of 2 single premium benefits or 1 family premium benefit to each eligible retiree. Such retirees generally can receive the greatest application of the premium benefit program with each retiree enrolling in a medical plan choosing single coverage and one retiree enrolling in a dental plan choosing family coverage.

What should I do if my spouse has benefits through another employer?

Coordinate your coverages. Study what your spouse has, then decide which ASRS retiree health insurance options provide you with the most appropriate overall coverage. It is usually best to pick coverage that complements, not duplicates, the other coverage.

Do I have hearing benefits through my medical plan?

The UnitedHealthcare Group MedicareAdvantage (HMO) Plan covers routine annual hearing exams at no charge and has a \$500 hearing aid allowance every 36 months.

The Choice and Choice Plus plans also cover hearing aids as part of the durable medical equipment annual allowance. Please see page 21 for details.

Also available for Medicare and non-Medicare members is the Arizona HearCare Network (AHCN). AHCN is a discount program NOT an insurance benefit. AHCN providers, at no additional premium to the participant, offers the following:

- \$25 copayment for hearing evaluations,
- 30% discount towards the purchase of hearing aids
- 30% discount on accessories and repairs

You must show your UnitedHealthcare ID card to be eligible for these benefits and must use an Arizona HearCare Network office. AHCN locations are detailed on the web or through the AHCN Customer Service Center. See the inside back cover of this guide for AHCN's phone number and website.

What should I tell my dependent beneficiary to do about my pension benefits and health insurance coverage in the event of my death?

There is no quick or simple answer. Your dependent beneficiary is encouraged to contact ASRS Member Services or PSPRS Benefits Office staff, if applicable, at the time of your death. Decisions will have to be made regarding continuation of pension benefits if you elected a pension option other than straight life annuity. Likewise, continuation of or enrollment in an ASRS retiree health care plan by your beneficiary must be decided within six (6) months of your death. Also, if you elected a reduced premium benefit, your beneficiary may be entitled to a continuation of that benefit. Your beneficiary will need to provide certified copies of your death certificate to affect any change in your pension or health insurance benefits.

What happens if my monthly health insurance premium exceeds the amount of my pension check?

If your monthly pension check has insufficient funds to cover your health insurance premiums, then premiums will not be deducted. The insurance carrier(s) would be notified that you did not make a premium payment for that month and they will mail a bill to you. It will be your responsibility to pay any outstanding premiums directly to the insurance carrier(s). Direct bills are mailed at the end of the month and due by the 25th of the following month. You will be paying your premium in arrears instead of in advance as you would if you had a pension

What happens if I fail to pay my direct bill?

Your health insurance coverage will be terminated. You will not be allowed to come back onto an ASRS-sponsored plan until the next Open Enrollment period, and only if your previous balance is paid in full.

What do I need to do to cancel my ASRS health care coverage?

If you wish to terminate your enrollment in an ASRS retiree health insurance plan, **you must do so in writing** either in a letter or using the ASRS enrollment form by checking the appropriate “decline” box(es). Your cancellation must be received by the ASRS prior to the first day of the month your cancellation is to become effective. Please note that if your notice of cancellation arrives after the first day of the month, your coverage will not be cancelled until the first day of the following month unless a future date is requested.

If you are enrolled in the UnitedHealthcare Group Medicare Advantage (HMO) or Senior Supplement Plans, you must submit a Disenrollment Letter to “unlock” your Medicare so you may return to original Medicare.

After I enroll in an ASRS retiree health care plan, when will I receive my ID cards?

UnitedHealthcare will mail your medical plan ID card(s) approximately 10 days prior to the first day of the month in which your medical plan becomes effective. Assurant Employee Benefits also will mail your dental plan ID card(s) approximately 10 days prior to the first day of the

month in which your dental plan becomes effective.

Must I notify the ASRS or PSPRS of an address change?

Yes, all mailings, including pension and LTD benefit plan checks, newsletters, open enrollment and additional insurance information are delivered to the address of record on file with the ASRS or PSPRS, if applicable. **It is always in your best interest to ensure a correct mailing address.** While many retirees and LTD recipients have seasonal or even secondary addresses (such as a PO Box), **the address of the primary residence is key to the availability of medical plan options and their costs as well as the forwarding of important periodic information that may be time sensitive.** In short, it is your responsibility to let the ASRS or PSPRS know *in writing* when you have an address change.

How can I find out more about my health care choices?

All members—active, inactive, disabled and retired—are encouraged to access the ASRS or, if applicable, PSPRS websites which are full of useful overviews and explanations regarding many topics of interest. The ASRS website may be found at www.azasrs.gov. The PSPRS website may be found at www.psprs.com.

What is the ASRS Health Insurance Advisory Committee?

The ASRS has convened a committee of retiree representatives from various major public employee and retiree associations as well as the state's other retirement system and plans. The committee is charged with the responsibility of making recommendations to the ASRS Operations Committee of the Board regarding ASRS retiree health insurance plans; educating itself about the substantive issues affecting senior health care; serving as a sounding board for ideas and concerns to prevent or minimize systemic problems in the administration of retiree health care; and, providing insight and representation on the direction of "their" and "your" health care plans.

Committee members represent the following organizations:

- AZ Education Association – Retired
- AZ Federation of State, County, and Municipal Employees
- AZ Association of School Business Officials
- All AZ School Retirees Association
- ASU Retirees Association
- NAU Retirees Association
- Arizona State Retired Employees Association
- Public Safety Personnel Retirement System

dedicated to the following:

- Maricopa County Community College Retiree Association
- UA Retirees Association
- AZ School Administrators' Association
- Corrections Officer Retirement Plan
- Elected Officials' Retirement Plan
- Arizona State Retirement System
- Arizona Association of Counties

What if I have questions or need additional help?

Questions may be directed to:

ASRS MEMBER SERVICES

Monday-Friday, 8 AM–5 PM

Phoenix: (602) 240-2000

Tucson: (520) 239-3100

Outside Metro areas: (800) 621-3778

Please listen to the voice menu as it will assist you in speaking with the most appropriate person for your questions.

If applicable, questions may also be directed to **Public Safety Personnel Retirement System Member Services staff at (602) 255-5575**. You may also contact UnitedHealthcare and Assurant Employee Benefits directly for assistance. Phone numbers and web addresses are located inside the back cover of this guide.

ASRS Retiree Medical Plans

For 2013, UnitedHealthcare continues to be the sole provider offering medical benefits to eligible public sector retirees and LTD recipients and all eligible dependents through the Arizona State Retirement System.

Depending upon where you live and whether you are eligible for Medicare, UnitedHealthcare has the following plans from which to choose: Group Medicare Advantage (HMO) plan; a Senior Supplement plan which is a group retiree medical plan that pays secondary to Medicare; a non-Medicare in-network and in-state medical / prescription drug plan (UnitedHealthcare Choice plan); and, a non-Medicare out-of-state UnitedHealthcare Choice Plus PPO plan.

Non-Medicare Eligible Plans

UnitedHealthcare Choice Plan (In-Network, In-State Only)

CHOICE is an HMO in-network only plan that gives members the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral.

You must use contracted Choice providers within the State of Arizona except for urgent care and emergency services.

UnitedHealthcare Choice Plus PPO (Out-of-State)

CHOICE PLUS has coverage for in-network providers, as well as, non-network providers. It also gives members the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral. But Choice Plus gives members the added flexibility to seek care from doctors and hospitals outside the network - and still receive coverage. In order to control costs, additional out-of-pocket costs apply for non-network care.



Medicare Eligible Plans

UnitedHealthcare Group Medicare Advantage (HMO) Plan

UnitedHealthcare Group Medicare Advantage (HMO) Plan is a plan for members who are enrolled in Medicare Parts A & B and in which UnitedHealthcare has entered into a contract with The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. This contract authorizes UnitedHealthcare to provide comprehensive health services to persons who are entitled to Original (traditional) Medicare benefits and who choose to enroll in the Group Medicare Advantage (HMO) Plan. By enrolling in the Group Medicare Advantage (HMO) Plan, you have made a decision to receive all your routine health care from UnitedHealthcare contracted providers. If you receive services from a non-contracted provider without prior authorization, except for emergency services, out-of-area urgently needed services and renal dialysis, neither UnitedHealthcare nor Medicare will pay for those services.

Physician and network names are required on the enrollment form if you select the Group Medicare Advantage (HMO) Plan. Provider directories are available upon request. The plan is an approved Medicare medical plan with an approved Medicare prescription drug plan.

Senior Supplement Plan

Senior Supplement Plan is for members who are enrolled in both Medicare Parts A & B. With Senior Supplement you have the freedom to obtain medical care from any physician and hospital that accepts Medicare. This plan is a retiree medical plan which includes a separate approved Medicare prescription Part D drug plan.

NOTE: For both plans you must maintain enrollment in Medicare parts A and B to be enrolled in one of the ASRS Retiree plans.

What Medical Plan Am I Eligible For?

Medicare Eligible Retirees/ LTD Recipients:

Retirees and/or dependents residing in:

- **All Arizona Counties** with Medicare Parts A and B may select either the Group Medicare Advantage (HMO) Plan or Senior Supplement.
- **All other states nationwide** with Medicare Parts A & B will have coverage through the Senior Supplement Plan.

Non-Medicare Eligible Retirees/ LTD Recipients:

Retirees and/or dependents residing in:

- **All Arizona counties** will have coverage under the UnitedHealthcare Choice plan.
- **All other states, nationwide** will have coverage under the UnitedHealthcare Choice Plus PPO Plan.

NOTE: If you or your dependent(s) are a combination of Medicare eligible and non-Medicare eligible, you fall under the combination plans. See page 54 for combination plan premiums.

Becoming Medicare Eligible

If you or your dependent will become Medicare eligible on your or their next birthday, there are changes in your medical coverage, premiums or premium benefit that you need to know about. The address of your primary residence will dictate the Medicare plan for which you are eligible.

Current non-Medicare Choice and/or Choice Plus members are sent a letter 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, the member will be terminated as ineligible. It is very important to note that **the premium benefit to which you are entitled will be reduced** to the amount applicable to Medicare-eligible retirees. State law governs how much premium benefit is paid for non-Medicare and Medicare-eligible retirees/LTD recipients. In order to receive the highest premium benefit and pay the lowest health insurance premium, please let the ASRS or PSPRS, if applicable, know that you are eligible for Medicare **prior** to the month in which you become Medicare-eligible.

Please send the enrollment form and a copy of your Medicare card(s) showing Parts A and B or a copy of your Medicare

Award letter to ASRS or, if applicable, to PSPRS, 30 days **prior** to the effective date of your Medicare coverage. **Medicare becomes effective the first day of the month of your 65th birthday. The effective date of your ASRS medical coverage will be effective the first of the month following receipt of your enrollment form.** Therefore, there is no retroactive coverage for health insurance simultaneous enrollment in Medicare and in an ASRS medical plan is important.

A new ID card(s) and Certificate(s) of Coverage for your new medical plan will be sent by UnitedHealthcare after your forms have been processed.

NOTE: Failure to enroll in one of the Medicare plans will result in termination of your medical coverage and you will not be able to enroll in an ASRS Medicare medical plan until the next Open Enrollment period.

So, be thorough. If, in fact, you are declining coverage, please check the appropriate box(es). **A properly completed enrollment form must be received by the ASRS or PSPRS, if applicable, before you become Medicare eligible.**

Comparison of Benefits



The medical plan comparison charts on the following pages contain a partial listing of the benefits offered to Medicare eligible and non-Medicare eligible retirees, LTD recipients and eligible dependents. Please remember that benefits are subject to plan limitations and exclusions.

After you enroll for coverage, UnitedHealthcare will send you an Identification (ID) Card and an Evidence of Coverage booklet for the Group Medicare Advantage (HMO) plan or a Certificate of Coverage for the Choice, Choice Plus PPO, and Senior

Supplement Plans. Please review these documents before you begin to use services so you understand the terms and conditions of the plan you selected.

A glossary in the back of this Guide defines many of the terms used in the charts.

Questions concerning your plan should be directed to the UnitedHealthcare Customer Service number listed on the back of your ID card or inside the back cover of this Guide.



2013 Medicare Eligible Retiree Medical Plans Comparison Chart

The information contained in this chart is a partial summary of the medical benefits offered by UnitedHealthcare for Medicare eligible retirees, disabled members, and eligible dependents. It also serves as a comparison between plans.

	UnitedHealthcare Group Medicare Advantage (HMO)	Senior Supplement		
Outpatient Benefits	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Doctor Office Visit	\$15 Copayment	80% of MAC* After \$147 Deductible	Deductible then 20% of MAC*	\$15 Copayment
Specialist Office Visit	\$30 Copayment			\$15 Copayment
Routine Physical	No Charge	Subject to Medicare Guidelines		
Immunizations	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	Subject to Medicare Guidelines
Outpatient Mental Health	\$30 Copayment	65% of MAC* after Deductible	Deductible then 35% of MAC*	\$0
Outpatient Hospital Services	\$100 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$50 copayment
X-Rays Outpatient-Standard Outpatient- Specialized Scans	No Charge \$50 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Outpatient Lab Tests	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Durable Medical Equipment	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Skilled Nursing Facility	No Charge Limit of 100 days per Benefit Period	Days 1–20: 100% of MAC* Days 21–100: All but \$148 per day Days over 100: \$0	Days 1–20: \$0 Days 21–100: \$148 per day Days over 100: \$0	Days 1–20: \$0 Days 21–100: \$0 Days over 100: All Costs
Home Health Care	No Charge	100% of MAC*	\$0	\$0
Physical, Speech and Occupational Therapy	\$15 Copayment	80% of MAC*	Deductible then 20% of MAC*	\$0

* Medicare Approved Charges (MAC)

Important Note: This is only a brief summary of benefits. Please refer to the plan's Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. *(continued at right)*

2013 Medicare Eligible Retiree Medical Plans Comparison Chart

Inpatient Benefits	UnitedHealthcare Group Medicare Advantage (HMO)	Senior Supplement		
	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Inpatient Hospital Expenses	\$100 per admission	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Deductible on the 1st Inpatient Admission of the Calendar Year
Inpatient Mental Health	\$100 per admission 190 days Lifetime	Subject to Medicare Guidelines	Subject to Medicare Guidelines	
UnitedHealthcare Prescription Benefits				
Tier 1 / Tier 2 (Generic / Brand)	\$10/\$40 Copayment		All But Member Copay to \$2,970 Annual Max	\$10/\$35 Copayment**
Mail Order (90-day Supply)	\$20/\$80 Copayment	\$0		\$20/\$70 Copayment**
Other Benefits				
Emergency Room	\$50 Copayment (waived if admitted)	80% of MAC*	20% of MAC*	\$50 Copayment
Urgent Care Facility	\$15 Copayment	80% of MAC*	20% of MAC*	\$25 Copayment
Ambulance	\$25 Copayment	80% of MAC*	20% of MAC*	\$0
Other				
Hearing Exam/Aids	No Charge / \$500 Allowance Every 36 Mo.	Not Covered	Not Covered	All Costs
Deductible	None	\$0 per Person Outpatient Services	\$147 per Person Outpatient Services	\$0
Annual out-of-pocket maximum	\$6,700	No Maximum	No Maximum	\$6,700
Vision Exam	\$20 Copayment	Not Covered	\$80 Allowance Per Calendar Year	\$20 Deductible Plus All Cost Above Allowance
Lenses and Frames	\$130 Allowance per Calendar Year	Not Covered	\$130 Allowance Per Calendar Year	All Cost Above Allowance
SilverSneakers Fitness Program	Free Membership at Participating Clubs	\$0	Free Membership at Participating Clubs	\$0

* Medicare Approved Charges (MAC). ** Member pays co-pay up to \$2,970.00 in Total Drug Expenditures. Member then pays 79% or 47.5% of prescription costs until \$4,750.00 in True Out-of-Pocket costs has been met. Member then pays \$2.65 generic, \$6.60 brand co-pay or 5% of the drug cost, whichever is greater.

(continued from left) UnitedHealthcare will send you an Evidence of Coverage or Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.

Your Medicare Benefits

Your Medicare benefits are provided by the Federal Government and integrated through the ASRS Retiree Medical Plans. In order for a Medicare eligible ASRS retiree to be covered by an ASRS medical plan, the retiree and, if family coverage is elected, his/her eligible

dependent(s) who qualify for Medicare, must be enrolled in both Parts A and B of Medicare. Failure to enroll in Medicare when the retiree becomes eligible will cause a delay in ASRS medical plan coverage.

MEDICARE PART A: 2013*			
Services	Benefit	Medicare Pays	You Pay
Hospitalization Semiprivate room and board, nursing and other hospital services and supplies.	First 60 days	All costs less \$1,184	\$1,184
	61st to 90th day	All costs less \$296/day	\$296/day
	91st to 150th day	All costs less \$592/day	\$592/day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility (SNF) Care** Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies.	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All costs less \$148/day	\$148/day
	Beyond 100 days	Nothing	All costs
Home Health** Part-time skilled nursing, physical therapy, speech-language therapy, home health aide services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers) and supplies, and other services.	You pay nothing 100% of approved amount for Home Health Care		20% of approved amount for durable medical equipment
	Have questions: Call your Regional Home Health Intermediary. Consult your Medicare booklet.		
Hospice Care** Medical and support services from a Medicare-approved hospice, drugs for symptom control & pain relief, short-term respite care, care in a hospice facility, hospital, or nursing home when necessary, and other services not otherwise covered by Medicare. Home care is also covered.	Copayment of up to \$5 for outpatient prescription drugs. You pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given to a hospice patient by another caregiver so that the usual caregiver can rest). If you have questions about Hospice care and conditions of coverage, call your Regional Intermediary. Consult your Medicare booklet.		
Blood Given at a hospital or skilled nursing facility during a covered stay.	You pay for the first three pints of blood, then 20% of the Medicare-approved amount for additional pints of blood after the deductible.		

* You pay nothing for Part A of Medicare. You paid for Part A while you were employed and making FICA contributions.

** You must meet certain conditions in order for Medicare to cover these services. Consult your Medicare booklet.

NOTE: Actual amounts you must pay are higher if the doctor does not accept Medicare assignment.

Your Medicare Benefits (cont.)

These two pages contain a summary of Medicare coverage and premiums in effect for 2013. If you wish additional information, contact the Centers for Medicare and Medicaid Services (CMS) either

by phone at 800-633-4227 (TTY 877-486-2048), 24 hours a day / 7 days a week or at their website at www.medicare.gov.

MEDICARE PART B: 2013*

Services

Medical and Other Services

Doctor's services (except for routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers).

Also covers outpatient physical and occupational therapy including speech-language therapy and mental health services.

You Pay:

\$148 deductible (pay per calendar year).

- ☐ 20% of approved amount after the deductible, except in the outpatient setting.
- ☐ 20% for all outpatient physical, speech therapy and occupational therapy services.
- ☐ 35% for most outpatient mental health services.

Clinical Laboratory Service

Blood tests, urinalysis and more.

You Pay:

Nothing for Medicare-approved services.

Home Health Care**

Part-time skilled care, home health aide services, durable medical equipment when supplied by a home health agency while getting Medicare covered home health care and other services.

You Pay:

Nothing for services.

20% of approved amount for durable medical equipment.

Outpatient Hospital Services

Services for the diagnosis or treatment of an illness or injury.

You Pay:

20% of approved amount after the deductible.

Blood

Pints of blood needed as an outpatient or as part of a Part B covered service.

You Pay:

For the first 3 pints of blood, then 20% of the Medicare-approved amount for additional pints of blood after the deductible.

*For 2013, the monthly Medicare Part B premium is \$104.90 (see page 68 for more information).

**You must meet certain conditions in order for Medicare to cover these services. Consult your Medicare booklet.

NOTE: Actual amounts you must pay are higher if the doctor does not accept Medicare assignment.

2013 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

The information contained in this chart is a partial summary of the medical benefits offered by UnitedHealthcare for non-Medicare eligible retirees, disabled members and dependents.

Outpatient Benefits	CHOICE (All AZ Counties)	Choice Plus PPO (Outside AZ)	
	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Primary Care Physician	\$20 Copayment	\$20 Copayment	60%*
Specialist Office Visit	\$50 Copayment	\$50 Copayment	
Routine Physical	No Charge	No Charge	60%*
Examinations/ Immunizations	\$20/\$50 Copayment	\$20 Copayment \$50 Copayment	60%*
Vision Examination	\$50 Copayment	Not Covered	Not Covered
Hearing Examination	No charge	No charge	60%*
Outpatient Mental Health	\$20 Copayment	100% after \$35 co-payment	60%*
Outpatient Hospital Services	30%	70%*	60%*
X-Rays Outpatient – Standard	\$20 Copayment	100%	60%*
Outpatient – Specialized Scans	\$150 Copayment	80%*	60%*
Outpatient Lab Tests	\$10 Copayment	\$10 Copayment	60%*
Durable Medical Equipment	No Charge	80%*	60%*
Prosthetic Devices	50%	80%*	60%*
Skilled Nursing Facility	No Charge	80%*	60%*
Home Health Care	No Charge	80%*	60%*
Physical, Speech and Occupational Therapy	\$40 Copayment	100% after \$35 co-payment	60%*

* Subject to Calendar Year Deductible

2013 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

	CHOICE (All AZ counties)	Choice Plus PPO (Outside AZ)	
Inpatient Benefits	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Inpatient Hospital Expenses	\$100 Copayment per stay plus 30%	\$100 Copayment per stay plus 30%	60%*
Inpatient Mental Health	30%	70%*	60%*
Prescription Benefits	Formulary	Formulary	Formulary
Tier 1 / 2 / 3	\$10/\$50/\$100	\$10/\$50/\$100	\$10/\$50/\$100
Mail Order (90 day supply)	\$25/\$125/\$250	\$25/\$125/\$250	\$25/\$125/\$250
Other Benefits	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Emergency Room	\$150 Copayment (waived if admitted)	\$150 deductible (waived if admitted)	\$150 deductible (waived if admitted)
Urgent Care Facility	\$50 Copayment	100% after \$50 Copayment	60%*
Ambulance	No Charge	80%*	80%*
Lenses and Frames	Not Covered	Not Covered	Not Covered
Hearing Aids	\$2500 allowance in eligible expenses per year. Limited to single purchase every 3 years.	\$2500 allowance in eligible expenses per year. Limited to single purchase every 3 years.	Not Covered

* Subject to Calendar Year Deductible

2013 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

	CHOICE (All AZ counties)	Choice Plus PPO (Outside AZ)	
Other	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Calendar Year Deductible	None	\$500 per Individual \$1,000 per Family	\$500 per Individual \$1,000 per Family
Out of Pocket/ Coinsurance Maximum	\$3,500 per Individual \$7,000 per Family	\$3,500 per Individual \$7,000 per Family including deductibles	\$6,000 per Individual \$12,000 per Family including deductibles
Maximum Lifetime Benefit	No Maximum	No Maximum	
SilverSneakers Fitness Program	Free Membership at Participating	Free Membership at Participating Clubs	

Important Note: This is only a brief summary of benefits. Please refer to the plan's Certificate of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. UnitedHealthcare will send you a Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.

ASRS Retiree Medical Plans

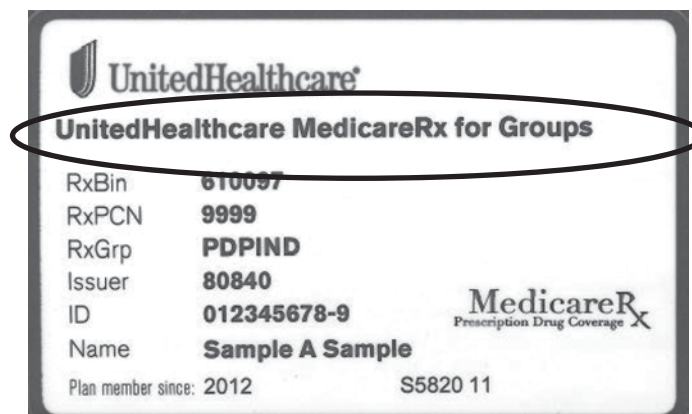
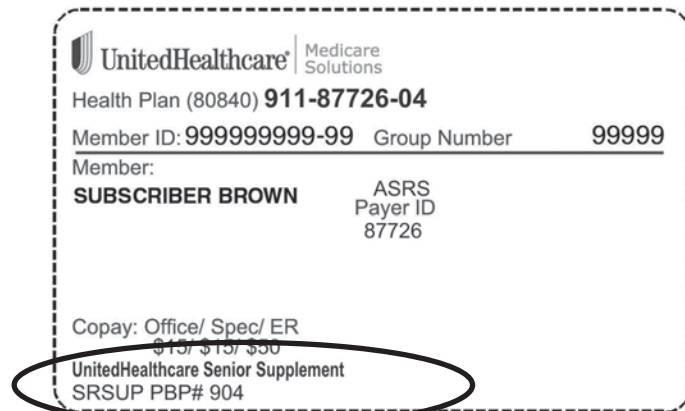
Sample ID Cards

The sample ID cards below show you which card belongs to which UnitedHealthcare-sponsored ASRS retiree medical, prescription and vision plan. These sample ID cards will help you identify the medical plan in which you are enrolled as well as the number and kinds of different cards you should have or should receive.

For retirees/LTD recipients enrolled in **UnitedHealthcare Group Medicare Advantage (HMO) Plan**, your ID card is a medical, vision and prescription drug plan ID card.



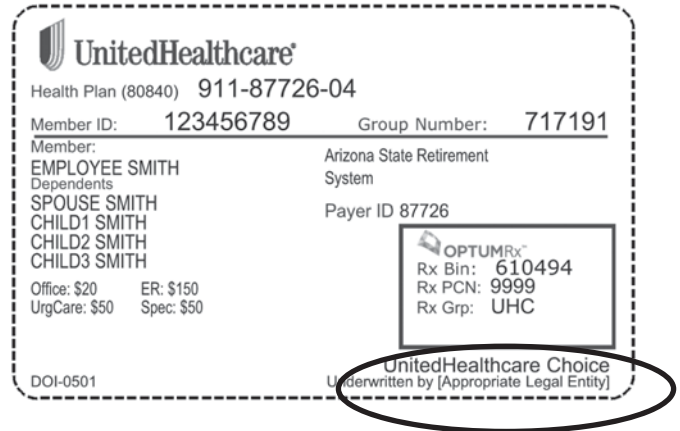
For retirees/LTD recipient enrolled in **UnitedHealthcare Senior Supplement Plan**, you have separate ID cards for your medical/ vision plan and for your prescription drug plan. Your prescription drug card bears the name "UnitedHealthcare Medicare Rx for Groups (PDP)". Your cards look like these:



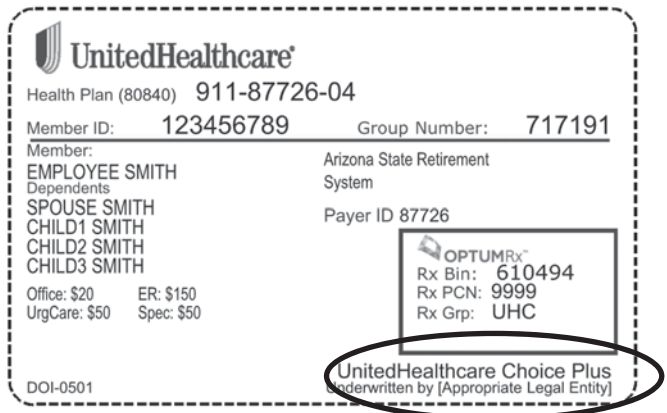
ASRS Retiree Medical Plans

Sample ID Cards

For UnitedHealthcare's **Choice Plan**,
your ID card is a medical and prescription
drug ID card.



For UnitedHealthcare's **Choice Plus PPO Plan**, your ID card is a medical and prescription
drug ID card.



General Information About UnitedHealthcare's Prescription Drug Benefits

What is a Formulary and why is it important?

UnitedHealthcare keeps your medication costs down through a Formulary (also known as a Prescription Drug List (PDL)). The Formulary is a list of UnitedHealthcare-approved outpatient prescription drugs that are covered under the Choice, Choice Plus PPO, and Group Medicare Advantage (HMO) plans. A pharmacy and therapeutics committee that consists of practicing physicians and pharmacists determines and maintains the Formulary. The committee decides which prescription drugs provide quality treatment for the best value. It includes a broad range of generic and brand name drugs, although it does not include all prescription drugs.

What medical plans utilize the Formulary?

The Choice, Choice Plus PPO, and Group Medicare Advantage (HMO) plans utilize the Formulary. For you to receive prescription drug benefits, your physician must prescribe medication for you from the Formulary and the prescription must be filled at a participating pharmacy.

Do I have a Prescription Drug Formulary in the Plan?

The Prescription Drug Plan utilizes the Medicare Part D formulary. Medicare, not UnitedHealthcare, determines what drugs are covered under the Medicare Part D plan. Check with your doctor as some drugs may not be covered.

What is covered?

All medications listed in the Formulary are covered. In order to receive your prescription benefits, your physician must prescribe medication for you from the Formulary and the prescription must be filled at a participating pharmacy.

What if my prescription is not listed in the Formulary?

Your physician can contact OptumRx,

UnitedHealthcare's prescription manager, for an exception explaining why you must have that drug rather than the one on the Formulary or your physician must change your prescription to an equivalent Formulary drug.

What is the difference between brand name and generic drugs?

A generic drug is a medication which has met the standards set by the Food and Drug Administration (FDA) to assure its equivalence to the original patented brand name medication. Generic drugs are chemically identical to their brand name equivalents. Many brand name drugs do not have generic equivalents. In these cases, your physician may prescribe a "therapeutic" instead. Unlike generic drugs which have the identical active ingredients as a brand name version, a therapeutic substitute has a chemical composition close to its brand name counterpart and has been determined to provide the same clinical or therapeutic results.

How can I obtain a copy of the Formulary?

The Formulary is available upon request from UnitedHealthcare and can also be found on their website at www.uhcretiree.com/asrs or www.uhc.com. The name of the Group Medicare Advantage (HMO) formulary is Formulary G13.

How can I save money by using the Prescription Mail Order Program?

OptumRx, UnitedHealthcare's prescription manager, offers a mail order program for maintenance medications. Through the mail order program, you can order a three (3) month supply of medications and save money on your prescriptions. Medicare members pay two (2) copayments for a three (3) month supply and non-Medicare members pay two and a half (2-1/2) copayments for a (3) months supply. Prescriptions are mailed to your home in discreetly labeled packages. Refills can be ordered by mail, over the phone or through the Internet. Mail order claim forms may be ordered through UnitedHealthcare's Customer Service or their website at www.optumrx.com.

Understanding the Medicare Prescription Drug Plans

PLEASE NOTE: if you enroll in any Medicare prescription drug plan in addition to one of the ASRS plan options, you will become ineligible for both medical and prescription drug coverage under the ASRS plan, and will be automatically disenrolled. **Medicare allows you to be enrolled in only one prescription drug plan at a time.**

Enrollment in a Medicare prescription drug plan is an option, not a requirement. You do not have to enroll in a separate Medicare Part D prescription drug plan.

However, both Medicare prescription drug plans offered by ASRS offer more than the standard Medicare Part D coverage. When an eligible ASRS Medicare beneficiary is enrolled in either of the ASRS-sponsored prescription drug plans when first eligible for Medicare prescription drug coverage, there is no enrollment penalty if you should enroll in an individual Medicare Part D prescription drug plan at a future date.

UnitedHealthcare "tier" concept to prescription drugs for Medicare eligible retirees

UnitedHealthcare classifies its prescription drugs as Tier 1, 2, 3 or 4. Much of Medicare's communication about its Part D program refers to prescription drugs in "tiers" or in various classifications as noted below. UnitedHealthcare will use the prescription drug classification system shown below.

- **TIER 1** are *preferred generic* medications
- **TIER 2** are *preferred brand-name* medications
- **TIER 3** are *non-preferred* medications (these may require prior authorization on the Group Medicare Advantage HMO plan)
- **TIER 4** are *specialty medications* (these may require prior authorization on both ASRS Medicare eligible plans)

Understanding the Medicare Prescription Drug Plans

The ASRS offers two different medical plan options each with prescription drug coverage for Medicare eligible retirees/LTD recipients and dependents.

Group Medicare Advantage® (HMO) Plan Prescription Drug Coverage

Prescription drug plan features:

- No prescription drug plan deductible
- \$10 Tier 1 and \$40 Tier 2, 3 and 4 drugs for up to a 31 day supply at contracted retail pharmacies.
- \$20 Tier 1 and \$80 Tier 2, 3 and 4 drugs for up to a 90 day supply through the prescription by mail program
- No coverage gap or annual benefit limit in coverage
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,750 you begin catastrophic coverage and pay whichever is higher: a \$2.65 co-payment for generic drugs; a \$6.60 co-payment for brand name drugs, or 5% of the drug costs until the end of the calendar year.
- Standard Group Medicare Advantage (HMO) plan formulary applies.
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit: www.uhcretiree.com/asrs.
- Convenient prescription by mail program.

Senior Supplement Plan Prescription Drug Coverage

The name / brand of the prescription drug coverage that is available with the Senior Supplement Plan is UnitedHealthcare MedicareRx for Groups.

Prescription drug plan features include:

- No prescription drug plan deductible
- Low copayments:
 - \$10 Tier 1 and \$35 Tier 2, 3 and 4 drugs for up to a 31 day supply at contracted retail pharmacies.
 - \$20 Tier 1 and \$70 Tier 2, 3 and 4 drugs for up to a 90 day supply through the prescription by mail program
- Coverage gap begins after \$2,970 in total drug costs in 2013.
- In the coverage gap the member pays 79% of generic and about 47.5% of brand name prescriptions.
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,750 you begin catastrophic coverage and pay whichever is higher: a \$2.65 co-payment for generic drugs; a \$6.60 co-payment for brand name drugs; or 5% of the drug costs until the end of the calendar year.
- “Medicare formulary” plan design (some prior authorization requirements may apply)
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit: www.uhcretiree.com/asrs.
- Convenient prescription by mail program.

Understanding the Prescription Drug Plan Available with the Senior Supplement Plan

I am enrolled in the Senior Supplement Plan. How does the UnitedHealthcare MedicareRx for Groups prescription drug plan work for me?

Each time you purchase a covered prescription medication, two payments are actually being made: the copayment you pay out of your pocket for the drug, called true out-of-pocket (TrOOP) costs, and the payment your plan pays for the drug. Together these payments make up the "total drug expenditure".

What is my initial prescription drug coverage (Stages 1 and 2)?

Under the UnitedHealthcare MedicareRx for Groups prescription drug plan, there is no prescription plan deductible. For all covered prescription drugs you simply pay your copayments for the first \$2,970 of "total drug expenditure" during 2013.

When does the coverage gap (Stage 3) begin?

The coverage gap begins after you and the plan together have spent \$2,970 in "total drug expenditure" during the year. During the coverage gap, you pay 79% of generic and about 47.5% of brand name prescriptions.

When does the coverage gap end (Stage 4)?

The coverage gap ends when your true out-of-pocket costs reach \$4,750 and you begin catastrophic coverage. When you reach Stage 4, you will pay whichever is higher: a \$2.65 co-payment for generic drugs; a \$6.60 co-payment for brand-name drugs; or, 5% of the drug costs until the end of the calen-

Your Medicare Part D Prescription Benefit

STAGE 1: Annual Deductible

Your plan has no annual deductible.

STAGE 2: Initial Coverage

You pay copays for each prescription filled; the plan pays remainder until together you have paid \$2,970 in total drug costs.

STAGE 3: Coverage Gap

You pay 79% of generic and about 47.5% of brand name prescription drug costs until your yearly true out-of-pocket drug costs equal \$4,750.

STAGE 4: Catastrophic Coverage

After \$4,750 in out-of-pocket drug costs, the plan pays the majority of the drug expenses until the end of the year.

Please note: the coverage gap referenced above applies ONLY to the UnitedHealthcare MedicareRx for Groups prescription drug plan offered with the Senior Supplement plan. There is no coverage gap with the Group Medicare Advantage (HMO) with prescription drug plan.

Rx Summaries Provided

The Medicare prescription drug plans provide a monthly prescription benefit summary tailored specifically to individual Medicare members. The summary helps you:

- Understand how much you and your drug plan spent year-to-date on prescription drugs
- Details your prescription history to help lower monthly spending
- Review prescriptions, including fill dates, prescribing doctor and pharmacy information

UnitedHealthcare's Vision Care Benefits

UnitedHealthcare Group Medicare Advantage (HMO) Plan

Your medical plan covers one eye exam per year and medically necessary glasses or lenses following cataract surgery. Your Routine Prescription Eyewear benefit provides a routine exam, eyeglasses or contact lenses for routine vision correction.

For a routine eye exam you must go to a OptumHealth Vision provider. In both instances, the vision eyewear is only available through the OptumHealth Vision network. Locate a vision provider near you by either going to www.optumhealthvision.com or calling OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157).

At a OptumHealth Vision network vision center, you can receive routine eye exams (also called refractive eye exams) for a \$20 copayment, eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance toward frames. In lieu of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and

frames are covered once every 12 months. You will be responsible for any charges in excess of the \$130 frame allowance or the \$105 contact lens allowance.

This vision care plan is designed to cover your vision needs rather than cosmetic materials. However, most lens options are available at a discount.

If you need the services of an eye specialist, you should call Group Medicare Advantage (HMO) Plan Customer Services at 866-208-3248 (for the hearing impaired, 711) for the nearest Participating Provider.

For a complete listing of providers, go to www.optumhealthvision.com. The vision network is provided by OptumHealth.

If you have questions about this plan you may call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 AM to 11:00 PM (EST) and Saturday, 9:00 AM to 6:30 PM (EST).

UnitedHealthcare's Vision Care Benefits

*UnitedHealthcare
Senior Supplement Plan*

Your Routine Prescription Eyewear benefit provides eye refraction, eyeglasses or contact lenses for routine vision correction.

You have the choice of any vision provider, but you receive the greatest savings by using a OptumHealth Vision network provider. To locate a vision provider near you, go to www.optumhealthvision.com or call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157). You may then schedule an appointment for your vision exam. For a complete listing of providers, go to www.optumhealthvision.com. The vision network is provided by OptumHealth. Please confirm your provider is participating in the network before making an appointment.

At a OptumHealth Vision network provider, after a \$20 deductible, you have coverage for routine eye exams (also called refractive eye exams). Standard eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance toward

frames. In lieu of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and frames are covered once every 12 months. If you chose not to use an OptumHealth Vision network provider, there is an \$80 allowance toward the routine examination after satisfying a \$20 deductible. Your eyewear benefit is \$100 toward the purchase of eyeglasses, or contact lenses in place of eyeglasses. You will be responsible for charges in excess of the \$100 allowance. You are eligible to receive this benefit once every 12 months.

This vision care plan is designed to cover your vision needs rather than cosmetic materials.

If you have questions about this plan you may call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 AM-11 PM (EST) and Saturday, 9 AM-6:30 PM (EST).

Benefit limited to 1 time every 12 months	In-Network You Pay	Out-of Network You Pay
Deductible	\$20	\$20
Routine Eye Refraction (examination)	\$0 after deductible satisfied	Charges in excess of \$80
Eyeglass Lenses (single, bifocal and trifocal)	\$0 covered in full	Charges in excess of \$100 for Lenses, Frames, or contacts combined
Eyeglass Frames	Charges in excess of \$130 retail allowance	
Contact Lenses (in place of eyeglasses)	Charges in excess of \$105 allowance	

Assurant Retiree Dental Plans

For 2013, Assurant Employee Benefits continues to be the sole provider offering dental benefits to eligible public sector retirees, LTD recipients and eligible dependents through the Arizona State Retirement System. Assurant offers different dental plan options depending on where you live.

There are two Indemnity Dental Plan options that are available in all states. Retirees/LTD recipients in many states can also choose a Prepaid Dental Plan. In Arizona only, retirees/LTD recipients have two different Prepaid Dental Plan options from which to choose. You have the freedom to choose the dental plan that best fits your individual needs. Compare the cost and benefits of each to determine which plan will meet your family's dental health needs.

NOTE: There are significant differences between the Indemnity and Prepaid Dental Plans. Below is a brief overview of the features of the Indemnity vs. the Prepaid Dental Plans.

INDEMNITY DENTAL PLANS

There are two Indemnity Dental Plan options: Freedom Basic (the “Low” option) and Freedom Advance (the “High” option). These plans pay the indicated percentages of Allowable Charges for covered services. Benefits are paid after any applicable deductible has been met, up to the Annual Maximum Benefit which is \$2,500 for the Freedom Advance plan and \$1,000 for the Freedom Basic plan. You are responsible for any applicable coinsurance percentages not covered by the plan. Allowable charges are based on charges being made by providers in the area where dental services are performed. You also have access to the Dental Health Alliance (DHA) network of participating dentists, for additional savings on your dental care. The Indemnity Plan features include:

- Freedom to choose any dentist, including specialists
- Access to over 100,000 DHA referable dentist locations nationwide offering up to 30% off their usual fees
- Coinsurance plan
- Fast and accurate claims processing

The Indemnity Dental Plans are available to retirees/LTD recipients in all states.

PREPAID DENTAL PLANS

The Prepaid Dental Plans provide a variety of benefits through a network of participating dentists. You may change your dentist throughout the plan year. All services must be performed by a participating provider (note the exception to this requirement for the DHMO Dental Plan 220 with Ortho copayments offered in Arizona, as detailed on page 33). You pay a fixed copayment directly to the network dentist for covered dental procedures. The Prepaid Dental plan features include:

- Fixed copayment schedule for Plan Dentist Services
- No deductibles or claim forms
- No annual maximums or waiting periods
- Pre-existing dental conditions are covered
- Each family member may choose their own network dentist
- Orthodontia for both children and adults

The Prepaid Dental Plans vary by state and are available to retirees/LTD recipients in AZ, CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT. Retirees in Arizona choose between two Prepaid Dental Plans – the Heritage Secure with Specialty Benefit Amendment (“SBA”) or the DHMO Dental Plan 220 with Ortho copayments.

A vision discount benefit is included with all dental plans. See page 36 for details about the Vision Service Plan (“VSP”).

** Assurant Employee Benefits is the brand name for insurance products underwritten by Union Security Insurance Company and for prepaid dental products provided by affiliated prepaid dental companies. Please refer to issued plan documents for complete details, including all limitations, exclusions, and restrictions.*

Important Information Regarding On-Going Dental Care If You Are Newly Enrolled

with ASRS: If you are actively undergoing major dental procedures with your current dental provider and the service(s) is not completed prior to the effective date of your dental coverage with an ASRS-sponsored dental plan, your current provider may allow that on-going procedure to be a covered expense under your current dental plan even after your termination from your employer's dental plan. Check with your current dental provider to learn if your procedure qualifies for continued coverage. Dental procedures you are receiving under coverage from your current non-ASRS dental plan **will not be eligible** for benefits through Assurant.

Important Things to Consider When Making Your Dental Plan Elections

Depending on where you live, your dental plan options vary. The Indemnity Dental Plans are available to retirees/LTD recipients in all states. The Prepaid Dental Plans vary by state and are available to retirees/LTD recipients in AZ, CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX and UT. If you live in Arizona, you can choose from two different prepaid dental plans: the Heritage Secure with Specialty Benefit Amendment (“SBA”) or the DHMO Dental Plan 220 with Ortho copayments. You should carefully review the differences in the dental plans. See pages 33-34 for a comparison and summary of the dental plan options available to you.

- If you enroll in one of the Prepaid Dental Plans, you must choose a General Dentist as your Primary Care Dentist. The Directory of Dentists available to you will vary according to the Prepaid Plan you choose and where you live. Once you have selected a Primary Care Dentist, you must enter the Facility ID number from the directory on your enrollment form. This is very important! It allows Assurant to notify your selected General Dentist that you will be a new patient and includes your dental plan information on the dentist’s eligibility list called a “roster”.
- If you enroll in the Heritage Secure with Specialty Benefit Amendment (“SBA”) Prepaid Dental Plan available to Arizona residents, you will want to pay special attention to your options for receiving dental care from specialty dentists. All Plan Specialists who contract with the Assurant Heritage plan will discount their services between 15%-25%. The 15% reduction applies if the Plan Specialist is an endodontist. The 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. There are certain Plan Specialists who have agreed to perform certain common specialty procedures for a fixed copayment rather than a discounted fee. These Assurant contracted SBA Plan Specialists – Endodontists, Periodontists, and Oral Surgeons – are identified with an SBA indicator in the Directory of Dentists. Many other services performed by an SBA Plan Specialist and not listed on the SBA copayment list will be provided at the discounted fee.
- If you enroll in the DHMO Dental Plan 220 with Ortho copayments (offered in AZ), many of the common specialty procedures can be performed by a participating network General Dentist or Specialist for the same fixed copayment. In addition, there are certain common specialty procedures that can also be performed by a Non-Plan Specialty Dentist. For the specific procedures that can be performed by a Non-Plan Specialty Dentist, you will submit a claim to Assurant and receive reimbursement up to a maximum amount based on the procedure performed.
- The Assurant Indemnity Dental Plans offer freedom of choice to use any eligible licensed dentist or specialist in the United States.
- If you enroll in either of the Indemnity Dental Plans and you want to save dollars on your dental care, use a dentist who participates in the Dental Health Alliance (DHA) network. By using a participating DHA dentist, Assurant’s payment and your coinsurance plus any applicable deductible will be deemed payment in full for the services that are covered by the dental plan.

To find a network dentist who participates in the nationwide DHA network, the Heritage Secure or DHMO Dental Plan 220 networks in Arizona, or the networks for the Prepaid Plans offered in the other states, please visit Assurant’s dedicated web site for ASRS members at www.assurantemployeebenefits.com/ASRS, call Assurant’s representative **on-site** at ASRS, or call Assurant’s toll-free Customer Service Center (see the contact information listed on the inside back cover of this guide).

Please review the information on pages 33-34 for a comparison of the dental plan options available to you. There are *significant* differences between all the dental plan options. If you are considering one of the Prepaid Dental Plans in Arizona, you should compare the copayments you will pay for certain common procedures on page 34 of this guide, along with the total annual premium you will pay, in order to accurately assess which Prepaid Dental Plan option is the best choice for you.

Assurant Retiree Dental Plans

Freedom Advance (High Option)	Freedom Basic (Low Option)	Heritage Secure with SBA	DHMO Dental Plan 220 with Ortho
AVAILABLE NATIONWIDE		AVAILABLE IN ARIZONA ONLY	
You have freedom to use any licensed dentist in the United States. Or use a DHA network dentist for savings on your dental care. DHA has more than 100,000 dentists in their nationwide network of dentists		You must select a General Dentist as your Plan Dentist and all services must be provided by participating network dentists	
Provider fees are based on Usual & Customary. DHA dentists discount their fees up to 30% for all covered procedures. Benefits are paid at the negotiated fee level for DHA (in-network) dentists. Benefits for services from out-of-network dentists will be paid at the 90th percentile of the amount charged by the majority of dentists in the area		Provider fees are based on fixed copayment schedule or discounts from network specialty dentists	
Type I Preventive services are covered at 80% and the deductible is waived. The \$50 deductible is paid once per year, up to a maximum of three times per family		There are copayments for some Preventive services	
Type II Basic services are covered at 80% after the \$50 deductible has been paid. Includes new and replacement fillings, root canals, periodontics (treatment of gum disease), minor oral surgery		Fixed copayments or discounts on services performed by network specialty dentists	
Type III Major Services are covered after the \$50 deductible has been paid. New enrollees will start at a 25% coinsurance level for Type III Major Services for the 1st year of continuous dental coverage and then graduate to 50% coinsurance for the 2nd year of continuous dental coverage and each year thereafter		Specialty dentists who have agreed to the SBA (indicated by an "SBA" in the directory) provide certain specialty procedures for a fixed copayment. Many other services by specialty dentists are provided at a discount	
If you are currently enrolled in the Prepaid dental plan and you enroll in the Freedom Advance plan, your benefits for Type III Major Services will be paid at the 50% coinsurance level (assuming you have been enrolled in the Prepaid plan for at least 12 months)		Copayment for teeth bleaching	
Annual benefit maximum per person per calendar year is \$2,500		No annual maximums	
Orthodontia is not covered		Plan orthodontists provide discounts of 25% off their usual fees for child and adult ortho treatment; no maximum	
The Freedom Basic and Freedom Advance Plans are subject to the Alternative Treatment provision. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.		Prepaid dental plans are also available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT. For a copy of the Schedule of Benefits and Provider Directory in one of these states, please call the Assurant ASRS on-site representative at the number listed on the inside back cover of this guide in the Dental Provider section	

This provides only a brief summary of some unique features and benefits of the dental plans for your ease of comparison. For complete details, please refer to the dental plan documents that are available to the ASRS retirees during open enrollment, as well as throughout the year. For additional information or questions, you should contact Assurant Employee Benefits. Plans contain limitations, exclusions, and restrictions.

Assurant Retiree Dental Plans

DENTAL PLAN COMPARISON

		INDEMNITY DENTAL PLAN OPTIONS		ARIZONA PREPAID PLAN OPTIONS	
		Freedom Advance (High Option)	Freedom Basic (Low Option)	Heritage Secure with SBA	DHMO Dental Plan 220 with Ortho
Calendar Year Deductible (Per Person; maximum of three deductibles per family)		\$50/\$150 - Waived for Type I services	\$50/\$150 - Waived for Type I services	NA	NA
Annual Maximum (Per Person)		\$2,500	\$1,000	NA	NA ⁶
ADA CODE	Description				
	EXAMS AND XRAY ¹	Plan Pays ² (Subject to Frequency Limitations)		You Pay (Fixed Copay)	You Pay (Fixed Copay)
D0120	Periodic Exam (checkup)	80%	100%	\$0	\$0
D0140	Limited Exam (problem focused)	80%	100%	\$25	\$0
D0150	Comprehensive Exam (initial)	80%	100%	\$0	\$0
D0220	Intraoral - periapical first film (xray)	80%	80%	\$0	\$0
D0230	Intraoral - periapical each addition film (xray)	80%	80%	\$0	\$0
D0272	Bitewings - Two films (xrays)	80%	100%	\$0	\$0
D0274	Bitewings - Four films (xrays)	80%	100%	\$0	\$0
D0330	Panoramic film (xray)	80%	80%	\$10	\$0
	PREVENTIVE SERVICES ¹				
D1110	Routine dental cleaning (adult)	80%	100%	\$10	\$0
D1120	Routine dental cleaning (child)	80%	100%	\$10	\$0
D1203	Fluoride, child ³	80%	100%	\$0	\$0
D1351	Sealant ⁴	80%	100%	\$20	\$0
	FILLINGS				
D2140	Amalgam - 1 surface	80%	80%	\$25	\$10
D2150	Amalgam - 2 surfaces	80%	80%	\$30	\$15
D2160	Amalgam - 3 surfaces	80%	80%	\$45	\$20
	CROWNS				
D2751	Crown - porcelain fused to predominately base metal	25%/50% ⁵	Not Covered	\$295 + Lab Fee	\$220 + Lab Fee
D2950	Core Build Up	25%/50% ⁵	Not Covered	\$55	\$75
	ROOT CANALS				
D3310	Endodontics - Anterior	80%	Not Covered	\$145	\$95
D3320	Endodontics - Bicuspid	80%	Not Covered	\$225-\$280 ⁷	\$220
D3330	Endodontics - Molar	80%	Not Covered	\$295-\$395 ⁷	\$275
	PERIODONTAL CARE (FOR GUMS)				
D4341	Periodontal Therapy, 4+ teeth/quadrant	80%	80%	\$90-\$100 ⁷	\$75
D4910	Periodontal Maintenance	80%	80%	\$55	\$45
	BRIDGES AND DENTURES				
D5110	Complete denture - maxillary (upper)	25%/50% ⁵	Not Covered	\$385 + Lab Fee	\$295 + Lab Fee
D5120	Complete denture - mandibular (lower)	25%/50% ⁵	Not Covered	\$385 + Lab Fee	\$295 + Lab Fee
D5213	Removable partial denture - maxillary (upper)	25%/50% ⁵	Not Covered	\$495 + Lab Fee	\$365 + Lab Fee
D5214	Removable partial denture - mandibular (lower)	25%/50% ⁵	Not Covered	\$495 + Lab Fee	\$365 + Lab Fee
	EXTRACTIONS				
D7140	Extraction, Erupted Tooth or Exposed Root	80%	80%	\$25	\$30
D7210	Extraction, Surgical	25%/50% ⁵	Not Covered	\$85	\$60
	ORTHODONTIA CARE				
None	Bracketing	Not Covered	Not Covered	25% Discount from Plan Orthodontist	\$300
D8080	Comprehensive Ortho (under age 19)	Not Covered	Not Covered		\$2,000
D8090	Comprehensive Ortho (19 or older)	Not Covered	Not Covered		\$2,200

¹ Services are subject to frequency limitations and allowable charges.

² All services may be subject to frequency limitations, allowable charges, limitations and exclusions.

³ Only for children under age 14.

⁴ Only for children under age 16 on the Freedom Basic and Advance plans.

⁵ 25% during first year; 50% for 2nd and subsequent years of continuous coverage.

⁶ Plan Benefit payments for services by non-Plan Specialty Dentists limited to \$2,000 per calendar year.

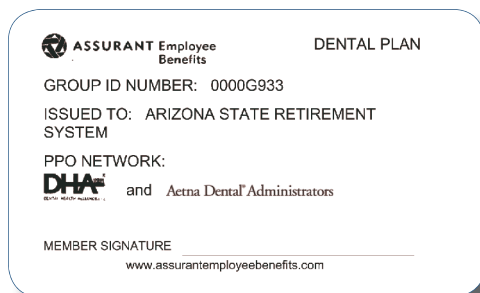
⁷ Copayment will vary depending on whether procedure is performed by your Plan Dentist or by a Specialist who participates with the SBA.

The Freedom Basic and Advance plans are subject to the Alternative Treatment provision. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

ASRS Retiree Dental Plans Sample ID Cards

The sample ID cards below show you which ID card belongs to which Assurant-sponsored ASRS retiree dental plan. The card also provides information on Assurant's vision discount plan offered through Vision Service Plan (VSP).

For retirees/LTD recipients enrolled in **Assurant's Freedom Advance** (High Option) or **Freedom Basic** (Low Option) indemnity dental plan, your ID card looks like this:



If the estimated cost of Dental Treatment Plan exceeds \$300, the Dental Treatment Plan should be submitted for predetermination of benefits. Refer to booklet for details.

Dental Claims
 P.O. Box 2940
 Clinton, IA 52733

We accept electronic filing of claims. Our payor number is 70408. For eligibility information, call 800.442.7742.

VISION SERVICE PLAN (VSP)
 Present this card to obtain discounts from VSP providers. To locate a provider call 800.877.7195 or visit www.vsp.com. This is not insurance.

Union Security Insurance Company

For retirees/LTD recipients enrolled in **Assurant's Heritage Secure w/ SBA Prepaid Plan** or the **DHMO 220 w/ Ortho Plan** offered in Arizona, or other states where Assurant offers prepaid dental plans or other eligible state Prepaid dental plans, your ID card looks like this:



Dental Coverage

For eligibility information, call 800.443.2995. Refer to your Evidence of Coverage for details. Visit our website at www.assurantemployeebenefits.com.

Vision Services Plan (VSP)

Present this card to obtain discounts from VSP providers. To locate a provider, call 800.877.7195 or visit www.vsp.com. This is not insurance.

Assurant Employee Benefits

Note: Vision Service Plan (VSP) information is located on the back side of each ID card.

VISION DISCOUNT SERVICES



ACCESS PLAN

Your Assurant Employee Benefits dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams¹
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- **Contact Lenses** – 15% discount on VSP network doctor's professional services when purchasing all prescription contact lenses² (materials at doctor's usual and customary fees)³.
- **Laser VisionCareSM** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

.....

How to Use VSP

Locate a VSP doctor near you. You may either use the web-based doctor locator at www.vsp.com, or call VSP at 800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

¹Note: Does not apply to contact lens services. See contact lens section for applicable discount.

²Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

³VSP offers valuable savings on annual supplies of selected brands of contact lenses.

VSP Member Services Support: 800.877.7195
Visit the Web site at www.vsp.com



With the WellCard Health Discount card, you will receive:

- Average savings on prescription drugs up to 38%, with potential savings of up to 65%.
- Access to over 59,000 pharmacies nationwide including major chains, community and mail order pharmacies.
- Instant savings at time of purchase. Actual savings may vary depending on the medication and pharmacy used.
- Access to healthcare with up to 50% in savings on medical, dental, vision and hearing services.

(800) 562-9625
www.azasrs.gov

PRESENT THIS CARD TO YOUR PHARMACY AND MEDICAL PROVIDER
Locate a provider: call 800-562-9625 or visit www.WellCardHealth.com. This is Not Insurance.



Group ID: ASRSH

Member ID: Enter member's 10-digit phone #,
then add 2-digit person code.
01=Member 02=Spouse 03=Dependent, etc.
Example: xxxxxxxx, enter as xxxxxxxx01

Processor: NetCard Systems
Bin #: 008878

An Empowering Health & Wellness Program

You and your family will receive valuable savings on your prescriptions and healthcare services by using the WellCard Health Discount card.

ASRS is pleased to offer healthcare and prescription savings to retirees through the WellCard Health Discount card program.

ASRS provides you with a WellCard Health Discounts card at NO COST to you, and you will receive a card even if you do not have a medical insurance plan with the ASRS.

The WellCard Health Discount card also works for you whether or not you enroll in a Medicare part D plan.

As a WellCard Health Discount cardholder, you will receive valuable savings on medical, dental, vision and hearing services, as well as discounts on both prescriptions and over-the-counter medications and access to free health and wellness information.

How to use the card at participating pharmacies:

- Take your prescription to a participating pharmacy. All brand name and generic drugs are included.
- One card automatically covers all family members at no cost.
- Show your card to the pharmacist every time you fill a prescription not covered by your insurance or excluded by Medicare part D.
- Discounts are given at the time of purchase. No need to submit receipts.

To enroll in the mail order pharmacy:

- Call WellCard members services at 888-479-2000 (prompt 5) to enroll in our convenient mail order program.
- We guarantee quality assurance using our 7-point test on every prescription before mailing.
- Standard shipping is free.

Visit www.wellcardhealth.com to find participating providers and pharmacies near you, and to check the estimated cost of a drug.



MEMBER:

To find a provider:
call 800-562-9625 or visit
www.WellCardHealth.com
**PRESENT THIS CARD TO YOUR
PHARMACY & MEDICAL PROVIDER**
To speak to a physician 24/7
by phone, call 800-362-2667,
press 2 or 0. You must mention
WellCard Health.

PHARMACY:

Pharmacy:
Add 2-digit person
code to Member ID
01 = Member
02 = Spouse
03 = Dependent, etc.
Pharmacist Help Desk:
888-886-5822

PROVIDER:

Physician & Dental Provider:
To verify eligibility & for
patient responsibility call
888-203-6711
The patient is responsible for
the entire discounted cost at
the time of service.
Vision Provider:
To verify eligibility call
888-203-6662

This is Not Insurance. It is a discount medical program. Payment must be made at time of service.

This program is powered by AccessOne Consumer Health, Inc. www.accessonedmpo.com
This is a free program. Void where prohibited by law.



Enroll in the SilverSneakers® Fitness Program to help promote better health and maintain your independence. SilverSneakers is available at no additional cost for all Arizona State Retirement System (ASRS) retired members and dependents enrolled in ASRS medical plan!

The SilverSneakers Fitness Program

With the SilverSneakers premier network, you'll have a complimentary membership with access to participating locations throughout the country. Many sites offer amenities such as:

- Fitness equipment, treadmills, and free weights
- Signature fitness classes, designed specifically for older adults and taught by certified instructors
- Additional signature classes, such as YogaStretch, SilverSplash®, CardioFit, and Weight Circuit
- A designated staff member to help you along the way

SilverSneakers Steps

If you live outside the areas listed for the SilverSneakers Fitness Program, increase your physical activity by joining SilverSneakers® Steps, a self-directed, pedometer-based walking and exercise program.

For more information about SilverSneakers or SilverSneakers Steps, log on to www.silversneakers.com.

It's easy to enroll! Simply bring your SilverSneakers ID card to a participating location. No card? Bring in your health plan ID and get help in requesting your SilverSneakers card or call 1-888-423-4632 (TTY: 711).



*SilverSneakers is the best thing to come along.
I can't think of enough good things to say
about your program!*

LaVerne Walsh, ASRS member, Tucson, AZ

Get Fit, Have Fun, Make Friends!

Activate your membership today at any participating location!

Apache Junction
Apache Junction
Multigenerational Center
1035 N. Idaho Rd.
(480) 474-5240
Amenities: E, SC

Casa Grande
24-7 Fitness
2080 N. Trell Rd.
(520) 836-0613
Amenities: E, S, W, SC

Chandler (cont.)
Snap Fitness
990 E. Riggs Rd., Ste. 4
(480) 369-4457
Amenities: E

Saguaro Family Fitness Center
305 N. Plaza Dr.
(480) 982-7794
Amenities: E, S, P, W

Snap Fitness
973 E. Cottonwood Ln.
(520) 423-0123
Amenities: E, SC

Chino Valley
Anytime Fitness
759 North Hwy. 89
(928) 636-8348
Amenities: E

Benson
Frontier Fitness Club
500 S. Hwy. 80
(520) 586-3326
Amenities: E, S, SC

Cave Creek
Snap Fitness
4705 E. Carefree Hwy. Ste. 131
(480) 595-0092
Amenities: E

Coolidge
Central Arizona College
8470 N. Overfield Rd.
(520) 494-5300
Amenities: E, P, SC

Buckeye
Buckeye Community Center
201 E. Centre Ave.
(623) 349-6600
Amenities: SC

Chandler
24 Hour Fitness - Chandler Sport
1085 S. Arizona Ave.
(480) 786-1024
Amenities: E, S, P, W

Cottonwood
Cottonwood Recreation Center
150 S. 6th St.
(928) 639-3200
Amenities: E, P, W, SC

Bullhead City
Mad Dog Fitness
2350 Miracle Mile Dr., Ste. 370
(928) 704-7717
Amenities: E, SC

Chandler/Gilbert Family YMCA
1655 W. Frye Rd.
(480) 899-9622
Amenities: E, P*

Snap Fitness
976 S. Main St.
(928) 649-1905
Amenities: E

Fitness Forum
2130 W. Chandler Blvd.
(480) 812-0200
Amenities: E, S, P, W, SC

Camp Verde
Snap Fitness
400 Finnie Flat Rd., Ste. 1A
(928) 282-7627
Amenities: E

Flagstaff
Flagstaff Athletic Club
3200 N. Country Club Dr.
(928) 526-8652
Amenities: E, S, P, W, SC

Flagstaff Athletic Club West
1200 W. Rte. 66
(928) 779-4593
Amenities:

Women-only locations, including Curves®, are available nationwide. For a Curves location near you, please visit www.silversneakers.com or call 1-888-423-4632, Monday through Friday 8 a.m. to 8 p.m. EST. TTY: National Relay Service, 711.

Lists are subject to change and are updated regularly. Please visit www.silversneakers.com for the most recent location updates.

Activate your membership today at any participating location!

Tempe
24 Hour Fitness - Tempe Sport
 2145 E. Baseline Rd.
 (480) 831-2200
 Amenities: E, S, P, W, SC

Tempe Northside Multi-Generational Center
 1555 N. Bridalwreath St.
 (480) 858-6500
 Amenities: E, SC

Tempe YMCA
 7070 S. Rural Rd.
 (480) 730-0240
 Amenities: E, P, W, SC

Thatcher
8th Street Fitness Club
 3333 W. 8th St.
 (928) 348-4678
 Amenities: E, S, P, W

Tubac
Crista's Total Fitness
 30 Avenida Goya, Bldg. C
 (520) 398-1500
 Amenities: E

Tucson
Anytime Fitness
 8235 N. Silverbell Rd., Ste. 175
 (520) 579-6615
 Amenities: E

Desert Sports & Fitness
 2480 N. Pantano Rd.
 (520) 722-6300
 Amenities: E, S, P, W, SC

Desert Sports & Fitness
 3672 S. 16th Ave.
 (520) 791-7799
 Amenities: E, SC

Tucson (cont.)
Desert Sports & Fitness - Thornydale
 9725 N. Thornydale
 (520) 219-4891
 Amenities: E, SC

Desert Sports & Fitness Express
 3030 W. Valencia Rd., #272
 (520) 908-3319
 Amenities: E, SC

Tucson (cont.)
OTT Family YMCA
 401 S. Prudence
 (520) 885-2317
 Amenities: E, P, W, SC

La Mariposa Fitness and Sports
 1501 N. Houghton Rd.
 (520) 749-1099
 Amenities: E, S, P, W, SC

Lighthouse/City YMCA
 2900 N. Columbus Blvd.
 (520) 795-9725
 Amenities: E, P, W, SC

Lohse Family YMCA
 60 W. Alameda St.
 (520) 623-5200
 Amenities: E, S, P, W, SC

Mid-Valley Athletic Club
 140 S. Tucson Blvd.
 (520) 792-3654
 Amenities: E, S, P, W, SC

Mulcahy YMCA at Kino Community Center
 2805 E. Ajo Way
 (520) 294-1449
 Amenities: E, P, SC

Amenities Legend
 E Exercise Equipment
 S Steam/Sauna
 P Pool
 W Whirlpool
 SC SilverSneakers Classes
 * Seasonal Pool

Tucson (cont.)
Snap Fitness
 8567 N. Silverbell
 (520) 395-2210
 Amenities: E

Tucson Jewish Community Center
 3800 E. River Rd.
 (520) 299-3000
 Amenities: E, S, P, W, SC

Tucson Racquet and Fitness Club
 4001 N. Country Club Rd.
 (520) 795-6960
 Amenities: E, S, P, W, SC

Zona Fitness
 8160 S. Houghton Rd., Ste. 110
 (520) 663-3788
 Amenities: E, SC

Wickenburg
Wickenburg Community Hospital Fitness Center
 520 Rose Ln.
 (928) 668-1847
 Amenities: E, SC

Yuma
Club Yuma Fitness Center
 3131 S. Winsor Ave.
 (928) 341-4830
 Amenities: E, S, P, W, SC

Schechert Family Aquatics and Fitness Center
 11737 S. Foothills Blvd.
 (928) 345-0321
 Amenities: E, P, W, SC

Amenities Legend
 E Exercise Equipment
 S Steam/Sauna
 P Pool
 W Whirlpool
 SC SilverSneakers Classes
 * Seasonal Pool

Yuma Family YMCA
 2550 S. 4th Ave.
 (928) 317-0522
 Amenities: E, SC

Women-only locations, including Curves®, are available nationwide. For a Curves location near you, please visit www.silversneakers.com or call 1-888-423-4632, Monday through Friday 8 a.m. to 8 p.m. EST. TTY: National Relay Service, 711.

Lists are subject to change and are updated regularly. Please visit www.silversneakers.com for the most recent location updates.

(cont.)



Help with caring for a loved one is closer than you think.

As part of your Arizona State Retirement System benefits, you can get help caring for a relative or friend in need.

To learn more, contact:

**1-866-896-1895, TTY 711
24 hrs, 7 days a week**

Solutions for Caregivers can:

- **Provide unlimited phone access to a Care Specialist** who can counsel you on your loved one's individual, medical, financial, safety, emotional and social needs.
- **Conduct an on-site assessment** and develop a personalized care plan.
- **Connect you with professionals**, including home health aides, nurses, lawyers and financial advisors.
- **Offer assistance in crisis situations** when you don't know where else to turn.



Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

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UnitedHealthcare Wellness & Disease Management

UnitedHealthcare has designed preventive health services to help maintain the well being of members who are basically healthy. These include education and screening guidelines and programs available through members' primary care physicians and health-related information and programs accessible on their websites at www.uhcretiree.com/ASRS.

- **Solutions for Caregivers.** A comprehensive eldercare management program designed to support retirees and family caregivers in remaining healthy, function as independently as possible and to live with dignity. Simultaneously, the program helps caregivers maintain their own health, to mitigate stress and caregiver burnout, and to maximize available community resources and support.
- **Access Support.** Through the Nurseline service, retirees are connected with Access Support Advocates. This dedicated team identifies network providers who meet certain quality standards, and facilitates member contact/appointments with those physicians.
- **"Know Your Numbers".** Providing onsite health screenings at UnitedHealthcare Town Hall meetings (e.g., blood glucose, cholesterol, blood pressure).

Disease & Specialty Case Management

UnitedHealthcare is committed to improving the quality of care received by our retirees with chronic diseases. The disease management program targets chronic conditions of key concern to retirees, provides interventions to assist retirees in effectively managing these chronic conditions, and bridges gaps between retirees and their care teams.

- **Integrated Coronary Artery Disease & Diabetes.** A program aimed primarily at those with these common co-morbidities, and who are at highest risk.
- **End Stage Renal Disease.** A specialized condition management program focused on those in the early phase of ESRD and dialysis, mitigating complications and acute care admissions.
- **Transplant Care Management.** Specialized transplant nurses providing guidance and interventions throughout the stages of transplant (from pre-transplant through post-transplant stages).

Advanced Illness Care Management

Providing services for retirees with advanced illnesses and who are facing end-of-life issues (generally those in the last 12 months of life). Services focus on facilitating palliative care, reducing pain and suffering, assisting individuals and families in understanding their goals and preferences for end-of-life care, and providing bereavement services for family members following the individual's death.

UnitedHealthcare Wellness & Disease Management

Personal Health Management

A comprehensive program of care management services providing guidance and support for retirees diagnosed with complex and/or co-morbid health conditions, and for those who are not engaged in the disease and condition-specific management programs. The program components serve retirees with moderate and high risk factors, including those transitioning from hospital care to home.

- **Focus & High Risk Care Management.** Both phone-based and field-based (in-person) care managers conduct evaluations and interventions with retirees with targeted and impactable healthcare needs.
- **Transition Coach.** A key focus of the program is to assist individuals returning home from a hospital stay, to assist with this transition of care, and to enhance stability upon return-to-home (primary emphasis on reconciliation of medication discrepancies and facilitation of follow-up services by treating physicians).



*For Group Medicare Advantage (HMO) Members Only***Introducing the UnitedHealth Passport® program.**

The UnitedHealth Passport® program offers coverage for members who travel or live away from home up to nine consecutive months during the year. Whether you plan a scenic road trip or extended stay, when you travel within the UnitedHealth Passport service area, you will have health care coverage in the event you need it.

This program is included with your plan. You pay no additional charge for health care coverage when you travel within the UnitedHealth Passport service area. You simply pay the same copayment (copay) or coinsurance as you would at home.

How the UnitedHealth Passport program works.

Activate the UnitedHealth Passport program before you travel. This will make certain your health care coverage travels with you.

Step 1: Activate your coverage before your trip.

Call UnitedHealthcare Customer Service from 8 a.m. – 8 p.m. local time, 7 days a week. The number is located on the back of your member ID card.

Make sure you have your travel dates and destination, including ZIP Code, available when you call. UnitedHealthcare will confirm if you're traveling to a UnitedHealth Passport service area. You can also get names and telephone numbers of contracted physicians in your travel destination area.

Step 2: Get ready for your trip.

It's a good idea to schedule any routine services with your local doctor before you leave. It is also recommended that you take a copy of your medical records with you when you travel.

Step 3: Once you are back home again.

Call UnitedHealthcare to have the UnitedHealth Passport program deactivated. This is an important step. Plan disenrollment may occur if you do not return to your home service area within nine months of activating the UnitedHealth Passport program or if you do not notify us of your return and the nine-month Passport period expires.

Call Customer Service on the back of your I.D. card to get participating counties.



myNurseLine

Your Health Advocate

When you have a health concern, it can be difficult and time-consuming to find the information you need. **myNurseLine** can help you make smart health care decisions with immediate telephone access to experienced registered nurses.

Your Health Advocate

One toll-free number connects you with a registered nurse who will take the time to understand what is going on with your health and provide personalized information that is right for you. And this is all available 24 hours a day, seven days a week, at no additional cost to you. It is included with your benefits.

Experience You Can Rely On

myNurseLine nurses have an average of 15 years clinical nursing experience. They are an excellent resource when you need help choosing care, managing a chronic condition, understanding treatment options and more.

Your One-Stop Source

Whether you have a temperature of 102 at midnight or need help managing your diabetes, **myNurseLine** is the one source to give you the answers you need. Not sure if you need a doctor, urgent care clinic or just some good health advice? One call to **myNurseLine** can help you get information about the care and services you need. So, think of **myNurseLine** as your one-stop resource to help you make smart health care decisions everyday.

To Talk To myNurseLine:

Group Medicare Advantage HMO and Senior Supplement members call:

800-365-7949

Choice and Choice Plus members call:

888-877-4114

myNurseLine Can Help You:

- Chat with a nurse
- Understand treatment option
- Ask medication questions
- Choose appropriate medical care
- Locate available local resources
- Find a doctor, hospital or specialist and check if a doctor is in your network and is accepting new patients.

Social Service Coordinators

Money-Saving Program

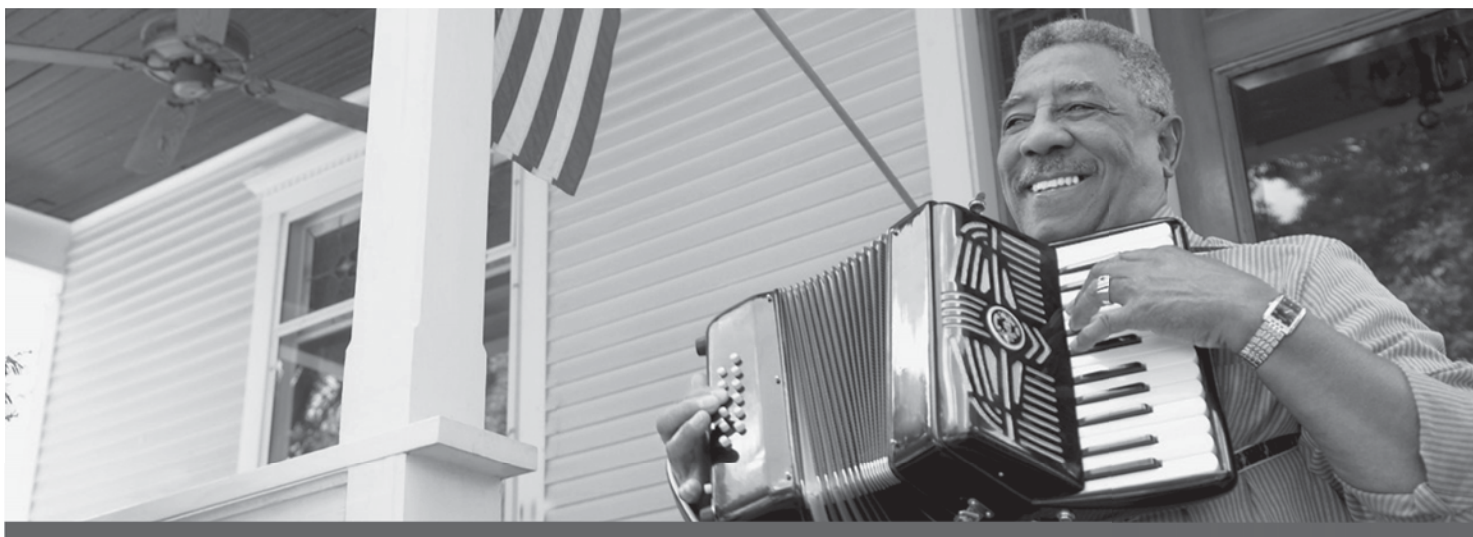
ASRS and UnitedHealthcare are committed to improving the quality of care received by our members. We believe that total health care is more than co-pays, co-insurance percentages, and premiums. ASRS has sought ways to maximize your purchasing power through Social Service Coordinators (SSC) program. ASRS Group Medicare Advantage (HMO) plan members now have a unique opportunity to enroll in a variety of money-saving government and community assistance programs.

SSC, the leading provider of outreach and advocacy services to managed care organizations, is reaching out to ASRS Group Medicare Advantage (HMO) plan members who may be eligible for, but not yet enrolled in, these valuable programs. The partnership is helping ASRS members become aware of a number of federal, state, and community programs for which they may qualify. These Medicare Savings Programs (MSPs) can pay some or all of you Medicare Part B premium and may also pay certain plan copayments for some individuals who have more limited income and resources.

Additionally, SSC can assist members who qualify to apply for “Extra Help” (or Low Income Subsidy), a program run by the Social Security Administration that pays for, reduces or eliminates your Medicare Part D prescription drug premium, copayments and deductibles.

The unique Secure Touch benefit through SSC helps eligible members take advantage of a wide variety of valuable money-saving social programs; from energy, nutrition and telephone cost assistance to transportation and property tax programs.

There is no additional cost to you to apply for these voluntary programs and your ASRS Group Medicare Advantage (HMO) plan benefits are not affected. For more information on how you may qualify for these unique money-savings programs, please contact SSC at 877-218-4967 and be sure to identify yourself as an ASRS retiree.



Don't let hearing loss make you lose out on life.

Hearing aids at a much lower cost through hi HealthInnovations.



Hearing and your health.

If you've noticed a change in your hearing, you understand that hearing loss can impact how you connect with your friends, family and the world around you. Hearing loss is the third most common chronic health condition,¹ and it may affect more than just your social life. Untreated, hearing loss can lead to additional health problems such as depression, anxiety and dementia.² It has also been linked to heart disease, diabetes and stroke.³

The good news: Early treatment can help, and more than 90% of people with hearing loss can be treated with hearing aids.⁴



Pay a fraction of retail.

As a member of this plan, you're able to purchase digital hearing aids at a discount through hi HealthInnovations,TM potentially saving you thousands of dollars.⁵



Four easy steps to help you achieve better hearing:

1 Get your hearing tested.

Ask your health care provider for a hearing test. Depending on your plan, you may be covered for a hearing test if recommended by a physician. Have you been tested in the past year? You can enter your test results at www.hiHealthInnovations.com/medicare or call Customer Service at the phone number listed below. Based on your test results, the appropriate hearing aids will be recommended. hi HealthInnovations will use your results to custom program your hearing aids.

2 Select your style.

Custom-programmed, digital hearing aids are available in several models and stylish colors.

hi ITC™

(In-The-Canal)

Nearly invisible. Fits comfortably in your ear canal.



\$679*

hi BTE mini™

(Behind-The-Ear)

Petite but powerful. Fits comfortably behind the ear.



\$479*

hi BTE™

(Behind-The-Ear)

Thin and lightweight. Fits comfortably behind the ear.



\$479*

*Shipping and sales tax may be applicable

3 Order your personalized hearing aids in two ways:



Call Customer Service.

1-855-523-9355, TTY 711

8 a.m. to 6 p.m. CT, Monday through Friday



Order online

at www.hiHealthInnovations.com/medicare.

Each hearing aid comes with:

- ☒ Free batteries and ear tubes/wax guards that last most users six months.
- ☒ 70-day money-back guarantee.
- ☒ One-year manufacturer's warranty.

4 Get reimbursed.

Your plan includes an allowance that can be used toward the cost of hearing aids from hi HealthInnovations, further reducing your out-of-pocket costs.

A UnitedHealthcare® Medicare Solution

¹National Institute on Deafness & Other Communication Disorders, 2011

²National Institute of Health, 2008; Johns Hopkins Medicine, 2011; *Hearing Loss and Coronary Heart Disease*, 1965; WebMD, 2009

³Johns Hopkins Medicine, 2011

⁴Better Hearing Institute, 2011

⁵www.HealthyHearing.com, 5/2010

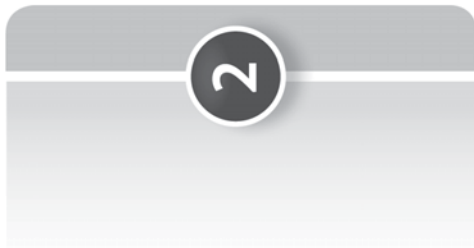
hi HealthInnovations™ is an affiliate of United Healthcare Insurance Company. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.



THREE SIMPLE STEPS TO BETTER HEARING



GET YOUR HEARING TESTED. Ask your health care provider for a hearing test. Many health plans will pay for a hearing test if recommended by a physician. If you've already been tested within the past year, you can submit your results online at www.hiHealthInnovations.com to see recommended hearing aids. Based on your test results, we will custom program hearing aids to your specific hearing needs.



SELECT YOUR STYLE High-quality hearing aids are available in several stylish colors. (See back page for details.)

hi ITC™
(In-The-Canal)



\$949 each

hi BTE mini™
(Behind-The-Ear)



\$749 each

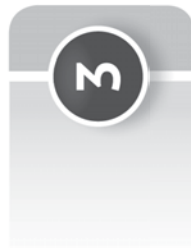
hi BTE™
(Behind-The-Ear)



\$749 each

Each hearing aid comes with:

- FREE batteries and ear tubes/wax guards that will last most users six months
- 70 day money-back guarantee
- One-year manufacturer's warranty



PLACE YOUR ORDER Go online, call or mail us your order. In just a few days, you will receive your custom-programmed hearing aids in the mail.



www.hiHealthInnovations.com



1-855-523-9355, TTY 711



hi HealthInnovations
3022 Momentum Place
Chicago, IL 60689-5330

www.hiHealthInnovations.com

PAYING LESS SHOULDN'T MEAN GETTING LESS.

Each personal hearing aid is custom programmed to your unique hearing needs.

	BLACK	CHAMPAGNE	SILVER	BEIGE	
hi ITC (In-The-Canal)		NA	NA		Nearly invisible. Fits comfortably in your ear canal.
hi BTE mini (Behind-The-Ear)				NA	Petite but powerful. Perfect for those on the go.
hi BTE (Behind-The-Ear)				NA	Thin and lightweight, it fits comfortably behind the ear.

Comfortable Open-Fit Design	Does not obstruct the ear canal, providing a more natural sound quality
Directional Processing	Enhances the amplification of the sounds in front of you while reducing distracting background noise from the side and behind
Tri-Mode Noise Reduction System	Improves comfort and speech intelligibility by reducing distracting environmental noise
Advanced Feedback Manager	Allows for greater amplification without feedback
Automatic Gain Control	Automatically varies the amount of amplification, allowing you to hear soft sounds while keeping loud noises at a comfortable level

How to Complete Your 2013 Enrollment Form

Complete an ASRS 2013 Enrollment Form if you are enrolling for the first time, electing new coverage, or changing existing coverage. Submission of a properly completed enrollment form is required to enroll in an ASRS medical and/or dental plan. Please complete the enclosed enrollment form as outlined below:

Step 1

- ☐ Effective date of your coverage will be the first of the month following receipt of the enrollment form unless a future date is specified.
- ☐ Check the box that applies: Open Enrollment, New Retiree, Qualifying Event.
- ☐ If you do not want ASRS medical coverage, check Decline Medical Coverage.
- ☐ If you do not want ASRS dental coverage, check Decline Dental Coverage.
- ☐ Check the box that applies: Retired, Disabled, Survivor.

Step 2

- ☐ Provide your name, social security number, address, etc.

Step 3

- ☐ If you are enrolling, indicate which Medical Insurance Plan you are electing.

Step 4

- ☐ If you are enrolling, indicate which Dental Insurance Plan you are electing.
- ☐ Prepaid Dental Plans ONLY: include Dentist ID# from Assurant's Provider Directory.
- ☐ If you are unsure what to include, please contact Assurant at (800) 443-2995.

Step 5

- ☐ List yourself and all other eligible individuals you are including as dependents.
- ☐ For the Group Medicare Advantage (HMO) Plan ONLY: indicate the names of the Primary Care Physician and Network you are choosing. These are listed in the Group Medicare Advantage (HMO) Provider Directory. If you are unsure what to list, please call (866) 208-3248.

Step 6

- ☐ Sign and date the form.
- ☐ **KEEP THE PINK COPY FOR YOUR RECORDS.**

ADDITIONAL INFORMATION YOU MAY NEED TO PROVIDE:

- If you are enrolling for the first time in either ASRS Medicare plan, you need to provide a **copy of your Medicare card** along with your enrollment form.
- If you are terminating your Group Medicare Advantage (HMO) or Senior Supplement plan, send a signed letter to the ASRS.

Cost for Coverage

Medical Plan Premiums

(January 1 through December 31, 2013)

Use this chart to determine how your medical plan election will affect your pension check.

MONTHLY PREMIUMS – MEDICAL PLANS PROVIDED BY UNITEDHEALTHCARE

WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
 UnitedHealthcare®	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependent(s) One with Medicare, the other(s) without Retiree & Dependent with Medicare, other dependent(s) without

Maricopa, Pima and Pinal Counties

Choice (#717191-0013)	<input type="checkbox"/> \$679.00	<input type="checkbox"/> \$1358.00			Please see next page for combination premiums.
Senior Supplement & PDP ⁽²⁾			<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 ⁽¹⁾	
Group Medicare Advantage HMO			<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$380.00 ⁽¹⁾	

All Remaining Counties

Choice (#717191-0013)	<input type="checkbox"/> \$679.00	<input type="checkbox"/> \$1358.00			Please see next page for combination premiums.
Senior Supplement & PDP ⁽²⁾			<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 ⁽¹⁾	
Group Medicare Advantage HMO			<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$520.00 ⁽¹⁾	

Out-of-State

Choice Plus PPO (#717191-0003)	<input type="checkbox"/> \$951.00	<input type="checkbox"/> \$1902.00			Please see next page for combination premiums.
Senior Supplement & PDP ⁽²⁾			<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 ⁽¹⁾	

Notes applicable to Cost of Coverage


(1) Retiree and Dependents monthly premium is a multiple of the number of lives covered and the Retiree Only premium.

(2) The Senior Supplement medical plan can only be selected in conjunction with the Prescription Drug Plan (PDP). If you are currently enrolled in the Senior Supplement medical plan and you elect to cancel your medical plan coverage, you are also cancelling your Medicare Part D prescription drug coverage.

Cost for Coverage

Medical Plan Premiums

(January 1 through December 31, 2013)

	COMBINATIONS		
	Retiree & Dependent(s) One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependent(s) without	

Maricopa, Pima and Pinal Counties

Senior Supplement & PDP ⁽²⁾ w/Choice (#717191-0014)	<input type="checkbox"/> \$1021.00	<input type="checkbox"/> \$1363.00	
Group Medicare Advantage HMO w/Choice (#717191-0014)	<input type="checkbox"/> \$869.00	<input type="checkbox"/> \$1059.00	

All Remaining Counties

Senior Supplement & PDP ⁽²⁾ w/Choice (#717191-0014)	<input type="checkbox"/> \$1021.00	<input type="checkbox"/> \$1363.00	
Group Medicare Advantage HMO w/Choice (#717191-0014)	<input type="checkbox"/> \$939.00	<input type="checkbox"/> \$1199.00	

Out-of-State

Senior Supplement & PDP ⁽²⁾ w/Choice Plus PPO (#717191-0009)	<input type="checkbox"/> \$1293.00	<input type="checkbox"/> \$1635.00	
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Notes applicable to Cost of Coverage


- (1)** Retiree and Dependents monthly premium is a multiple of the number of lives covered and the Retiree Only premium.
- (2)** The Senior Supplement medical plan can only be selected in conjunction with the Prescription Drug Plan (PDP). If you are currently enrolled in the Senior Supplement medical plan and you elect to cancel your medical plan coverage, you are also cancelling your Medicare Part D prescription drug coverage.

Cost for Coverage *Dental Plan Premiums*

(January 1 through December 31, 2013)

Use this chart to determine how your dental plan election will affect your pension check.

MONTHLY PREMIUMS – DENTAL PLANS PROVIDED BY ASSURANT EMPLOYEE BENEFITS

 DENTAL INSURANCE PLANS	Retiree Only	Retiree & 1 Dependent	Retiree & 2 or more Dependents
Freedom Advance (High Option)	<input type="checkbox"/> \$35.51	<input type="checkbox"/> \$70.87	<input type="checkbox"/> \$100.29
Freedom Basic (Low Option)	<input type="checkbox"/> \$16.67	<input type="checkbox"/> \$35.25	<input type="checkbox"/> \$64.54
Prepaid (AZ Only)-DHMO Dental Plan 220	<input type="checkbox"/> \$13.96	<input type="checkbox"/> \$23.34	<input type="checkbox"/> \$39.23
Prepaid (AZ Only)-Heritage Secure w/SBA	<input type="checkbox"/> \$10.61	<input type="checkbox"/> \$17.41	<input type="checkbox"/> \$26.90
Prepaid (Other States Where Available)	<input type="checkbox"/> \$10.21	<input type="checkbox"/> \$17.27	<input type="checkbox"/> \$27.24

Calculating Your Monthly Health Insurance Cost

Each retiree or LTD recipient's circumstances are different. The ASRS offers retiree health insurance plans as does the Arizona Department of Administration and more than 200 participating employers to allow retirees to remain on their active employee coverage. Premium benefits vary depending on a retiree's years of service. They also vary among the four state retirement systems and plans. Premiums also differ depending on the plan in which the retiree is enrolled and whether single or family coverage is elected.

Use the worksheet on the next page to determine the monthly cost of health insurance based on the plans you have selected and any applicable

premium benefit amount. Amounts for insurance premiums will be deducted from your monthly pension check or you will be required to pay to the insurance carrier(s) or your employer directly.

If you log into your personal homepage on the ASRS website, you can see your monthly pension payment summary. It displays any basic premium benefit (HI PREM BENEFIT) and the full amount of your health insurance premium (HLTH INS PREM). However, only your **net health insurance cost (NET PREMIUM)** is being deducted from your pension check.

Net Monthly Health Insurance Cost Worksheet

Your monthly medical plan premium
from page 53-54.

\$ **A**

Your monthly dental plan
premium from page 55.

+

\$ **B**

Total Premium (A plus B)

\$ **C**

Your Basic Premium Benefit
(See chart on page 57).

-

\$ **D**

Your Net Premium (C minus D)

=

\$ **E**

Retiree Health Insurance Premium Benefit Program

Basic Premium Benefit Amounts

The monthly premiums shown in the charts on pages 53-55 are the full cost for the medical and dental coverages. The Arizona State Retirement System, Public Safety Personnel Retirement System, Elected Officials' Retirement Plan, and Corrections Officer Retirement Plan will provide payment toward insurance premiums for eligible members and their dependents. The chart below reflects the maximum monthly basic premium benefit available for eligible members and their dependents.

No basic premium benefit is provided to retirees in the University Optional Retirement Plans.

To determine your basic premium benefit, you need to know your years of credited service in your retirement system or plan; your coverage type, i.e., single or family coverage; and, whether you and covered family members are eligible for Medicare.

	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
Years of Service	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependents without
Arizona State Retirement System (ASRS) Members						
5.0–5.9	\$75.00	\$130.00	\$50.00	\$85.00	\$107.50	\$107.50
6.0–6.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
7.0–7.9	\$105.00	\$182.00	\$70.00	\$119.00	\$150.50	\$150.50
8.0–8.9	\$120.00	\$208.00	\$80.00	\$136.00	\$172.00	\$172.00
9.0–9.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
10.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Elected Officials' Retirement Plan (EORP) Members						
5.0–5.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
6.0–6.9	\$112.50	\$195.00	\$75.00	\$127.50	\$161.25	\$161.25
7.0–7.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
8.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Corrections Officer Retirement Plan (CORP) Members						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Public Safety Personnel Retirement System (PSPRS)						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

Optional Health Insurance Premium Benefit Program

Effective January 1, 2004, a new ASRS retiree may elect to receive a reduced premium benefit that, upon his or her death, may be continued to the retiree's contingent annuitant. There are certain restrictions applicable to this benefit:

- election of a joint and survivor or period certain pension option is required;
- the contingent annuitant must receive, upon the death of the retiree, a continuing monthly pension benefit;
- the contingent annuitant must either be participating or eligible to participate in the retiree's health care program at the time of the retiree's death;
- the reduced premium benefit will remain in effect as long as the contingent annuitant receives a monthly pension benefit and remains enrolled in an eligible health care plan; and
- the retiree may cancel in writing the election at anytime and be eligible for the unreduced premium benefit payable for the retiree's lifetime and as provided by law.

The law also provides that members have a "one-time" opportunity to elect this benefit when they retire. Therefore, the election to participate in this program is made at the time the retiree completes his or her ASRS retirement application.

This benefit is applied in the following manner depending on your election of either a joint and survivor or period certain pension option:

Joint and Survivor Pension Option

If the retiree elects a Joint and Survivor option, the retiree would receive a reduced premium benefit based on a factor determined by the ages of the retiree and the contingent annuitant. Upon the death of the retiree, the contingent annuitant would receive either 100%, 66 2/3%, or 50% of the reduced premium benefit. This benefit would be further reduced if a change from family coverage to single coverage occurs.

Period Certain and Life Pension Option

If the retiree elects a period certain option, the retiree would receive a reduced premium benefit based on a factor determined by the ages of the retiree and the contingent annuitant. Upon the death of the retiree, the contingent annuitant would receive the reduced premium benefit the retiree was receiving only for the remainder of the period certain. This benefit would be further reduced if a change from family coverage to single coverage occurs.

Please use the worksheet on page 57 to calculate an estimate of your optional premium benefit and what continuing amount may be applicable to your contingent annuitant.

It is very important to remember that the ASRS will not know **exactly** how much the premium benefit will be for the contingent annuitant at the time of the retired member's death. Adding or deleting dependents, changes to the statute which provides premium benefits and going from non-Medicare to Medicare eligible status affect the amount of premium benefit to which the retiree or contingent annuitant is entitled.

Calculating Your Optional Premium Benefit

Completing the worksheet on the next page will assist you in understanding the reduction(s) to your premium benefit if you elect to participate in this program. Please remember that participation is voluntary. If you elect to participate, you may rescind your election at a later date and your unreduced premium benefit will be reinstated and will continue to be applied for the remainder of your lifetime and as provided by law.

In order to complete this worksheet, you need to know the dollar amount of the unreduced premium benefit to which you are entitled, the pension option you will elect, and the age of your contingent annuitant. The unreduced amount of your premium benefit is a function of your years of credited service, where you live, whether you are Medicare eligible and your election of family or single coverage.

Calculating Your Optional Premium Benefit Worksheet

Total **unreduced** Premium Benefit to which you are entitled:

Family Coverage

Single Coverage

Pension option chosen: _____

\$

A

A

\$

Your age at retirement: _____

Your contingent annuitant's age at your retirement: _____

Factor from appropriate Table:
(Factor Tables begin on page 72).

B

B

Reduced Premium Benefit payable during your lifetime or as provided by law.

A times B

\$

C

C

\$

Effective on the first day of the month following your date of death, your contingent annuitant is entitled to a reduced premium benefit, based on your chosen pension option, equal to:

For Joint and Survivor Options:

Option Chosen: (100%, 66 2/3% or 50%)

D

D

If **family coverage** remains in effect, the contingent annuitant is entitled to:

C times D

\$

E

If **single coverage** becomes effective, the contingent annuitant is entitled to a recalculation based on a single unreduced premium benefit X the factor X the J&S pension option.

C times D

E

\$

For Period Certain and Life Options:

If **family coverage** remains in effect, the contingent annuitant is entitled to:

Box C Amount

\$

F

If **single coverage** becomes effective, the contingent annuitant is entitled to a recalculation based on the single unreduced premium benefit X the factor.

Box C Amount

F

\$

Pension Benefits

If you have enrolled in ASRS or ADOA retiree health care coverage, don't forget to verify your direct deposit summary by logging on to the ASRS website for the correct premium for the coverage(s) you elected. If you feel that your summary is not

accurate, you must notify ASRS (or PSPRS, if applicable), Member Services within 30 days of your effective date. **Changes or additions requested beyond 30 days will only be allowed if there is a Qualifying Event (see page 5).**

Direct Deposit

The ASRS strongly encourages retirees to use electronic direct deposit for payment of your monthly ASRS benefit. It's a safe, secure and efficient way to receive your benefit each month. New retirees can provide their banking information with their retirement application to affect a smooth transition of benefit payments. Current retirees may also set up direct deposit, or change their direct deposit, at any time.

To sign up for or make a change to your direct deposit on the ASRS website:

1. Log onto the ASRS website at www.azasrs.gov

2. Click on the Login button located near the bottom of the page. You must then log in to the secure section of the ASRS website. To do this, enter your information and click "Login to Secure Home Page"
3. Once you are logged into your secure home page, click "Payment Information" (located on the left menu bar).
4. Click on "Enroll in Direct Deposit" and follow the simple instructions.

If you are unable to update your information online, you may complete a Direct Deposit form and mail it to the ASRS. This form can be downloaded from the ASRS website or you may call the ASRS to have the form mailed to you.

ASRS Benefit Card

The Arizona State Retirement System does not issue monthly benefit payments with paper checks. Instead, for those who do not use Direct Deposit, benefits are paid to a debit-type plastic card, which will be "loaded" each month with your benefit payment. The ASRS Benefit Card is issued through Bank of America which allows direct deposit of retirement payments to those who do not have a traditional bank account. This is a prepaid debit card with your ASRS pension benefit, not a credit card. To learn more about the ASRS Benefit


Card program, please view our website or to begin the process, visit <https://www.azasrs.gov/web/Login.do>.



Direct Deposit Summary

Below is an example of an ASRS direct deposit summary for a retiree with ASRS or ADOA coverage. Please note, under the Payment Sources column, the inclusion of additional monies reflected in the premium benefit (HI PREM BENEFIT). Also note, under the Deductions column, the full health insurance premium for your medical and/or dental coverage (HLTH INS PREM).

However, retirees are only paying the net premium after the premium benefit is applied.



Arizona State Retirement System
P.O. Box 33910
Phoenix, AZ 85067-3910

IMPORTANT NOTICE

RETAIN FOR YOUR RECORDS THIS IS NOT A CHECK

Contact Us:
(602) 240-2000 (within metro Phoenix)
(520) 239-3100 (within metro Tucson)
(800) 621-3778 (toll free outside metro Phoenix and Tucson)
www.azasrs.gov

JOHN Q PUBLIC
1234 E FIRST ST
MESA AZ 85205-6601

ACCOUNT ID ASR-PMM
PLAN NAME ASRS ANNUITY - PLAN MEMBER

CRP16 AQ001 MNT

DIRECT DEPOSIT SUMMARY					
PAYMENT DATE	SOCIAL SECURITY NUMBER		NET PAYMENT		
OCTOBER 01, 2010	000-00-0000		2,259.76		

PAYMENT DETAIL					
PAYMENT SOURCES	CURRENT	YEAR-TO-DATE	DEDUCTIONS	CURRENT	YEAR-TO-DATE
ANNUITY	2,078.42	20,784.20	FEDERAL TAX	606.00	6,050.00
PBI/EPBI	921.12	9,211.20	STTAX-AZ	153.00	1,498.00
NONTAX EXCLU	113.83	1,138.30	HLTH INS PREM	194.61	1,946.10
HI PREM BENEFIT	100.00	1,000.00			
GROSS PAYMENT			TOTAL DEDUCTIONS		
3,213.37			953.61		
32,133.70			9,494.10		

HI PREM BENEFIT: Premium Benefit provided to you which is applied to the cost of the monthly health insurance premium for your medical and dental plan coverage.

HLTH INS PREM: Total Health Insurance Premium for the medical and dental plans in which you are enrolled before **HI PREM BENEFIT** is applied.

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED:

Deposit Account 00000000000000000000 Bank TR# 00000000000000000000

W/H ELECTIONS: FED CALCULATED - S/0+250.00 STATE FLAT PERCENTAGE - 5%

09

NON - NEGOTIABLE

Frequently Asked Questions

1. *What is the best way to determine which medical plan is right for me?*

There's a lot to consider. The key is to look at your own situation, study what the plans offer, and their corresponding premiums, where the plans offer coverage (i.e., in which Arizona county or out-of-state), and decide what is best for you.

2. *What is coordination of benefits?*

When a retiree or LTD member has more than one health plan, or is considered a covered dependent under another plan, benefits are coordinated so that no more than 100% of the claim is paid to a medical provider. One plan will be considered the primary and the other will be considered secondary. If you are enrolled in Medicare, Medicare will be your primary plan and ASRS will be your secondary plan.

3. *What is the Long Term Disability program?*

This plan provides you with a monthly benefit designed to partially replace income lost during periods of total disability resulting from a covered injury, sickness or pregnancy. It is provided as a benefit under your plan with the ASRS. The ASRS has contracted with Sedgewick for administration of this plan.

4. *I'm enrolling in the Group Medicare Advantage (HMO) plan. What kind of doctors are available from which to choose when selecting a PCP? Must I choose a Primary Care Physician (PCP) for myself and for my whole family?*

Your medical plan PCP is responsible for coordinating all of your medical care, including referrals to specialists

and obtaining necessary prior authorizations. PCPs are Family Practice, General Practice or Internal Medicine. Women may self-refer to an in-network OB/GYN.

While you may select one PCP for your whole family, you may want to choose different PCPs for each family member. Each covered family member may have his or her own PCP. You will need to record a PCP for each covered family member, even if you all use the same one, on the Enrollment Form in the "listing of eligible individuals to be enrolled" section near the bottom of the form.

5. *How can I get a directory of medical providers?*

For Group Medicare Advantage (HMO) call 866-208-3428 or visit www.uhcretiree.com/asrs. For Choice or Choice Plus call 800-357-0971 or visit www.uhc.com. Please remember that a copy of a provider directory is only accurate as of the date it is printed. Updated provider information is available online. You may call the physician you wish to select to verify their participation and availability.

6. *Is there a pre-existing condition clause under the health insurance plans ASRS offers?*

A pre-existing condition is generally considered an illness a person has prior to applying for health insurance. Currently ASRS does not deny health insurance for any reason relating to a pre-existing condition.

Frequently Asked Questions

7. *What is the best way to determine which dental plan is right for me?*

You should consider your own situation and type of dental care you typically need during the year (and, if you are covering any dependents, you will want to factor in their dental care needs, too). In particular, if you are considering enrolling in one of the indemnity plans, be sure that you compare the differences in the two plans and the type of coverage each plan offers. If you are thinking about choosing one of the Prepaid dental plans offered in Arizona only, be sure you compare the copayment schedules of the two plans and factor in those costs along with the annual premium amounts when making your decision.

8. *What kind of dentist may I choose when selecting a General Dentist?*

Prepaid Dental: With your Assurant prepaid dental plan, you must select a General Dentist from the list of contracted providers. Simply choose a provider from the provider directory and list the dentist ID# on your Enrollment Form. To get a directory, please call the Assurant ASRS onsite representative at the number listed on the inside back cover of this guide or visit the Assurant website dedicated to ASRS at www.assurantemployeebenefits.com/ASRS.

When you are selecting your dentist, be sure you select the correct Prepaid dental network for the plan you are choosing. In Arizona, you will choose either the network from “Heritage Series” (for the Heritage Secure w/ SBA) or “DHMO Dental Series” (for the DHMO Dental Plan

220 w/ Ortho copayments).

Indemnity Dental: With your Assurant indemnity dental plan, you have complete freedom-of-choice in dental providers. You may visit any licensed general dentist or specialist in the United States. However, you also have the option to use a dentist who participates in the Dental Health Alliance (DHA) network, the dental network contracted with Assurant. Participating DHA dentists discount their fees up to 30% off their usual and customary fees for covered procedures. To get a directory, please call the Assurant ASRS on-site representative at the number listed on the inside back cover of this guide or visit the Assurants website dedicated to ASRS at www.assurantemployeebenefits.com/ASRS.

9. *I’m enrolling for family coverage in one of the Assurant prepaid dental plans. May I select a General Dentist for my whole family?*

Prepaid Dental: While you may select one General Dentist for everyone, you may want to choose a different General Dentist for each family member. Each covered family member can have his or her own General Dentist. Just be sure to include the dentist ID# for each covered family member on your Enrollment Form.

10. *How do I change my General Dentist?*

Prepaid Dental: Call Assurant at 800.443.2995 to change your General Dentist. Requests must be received by the 20th of the month to be effective the 1st day of the following month. Requests received after the 20th of the month will be effective on the 15th day

Frequently Asked Questions

of the following month. Remember, if you would like to change your General Dentist, you must contact Assurant before making an appointment with your new General Dentist. You should also confirm that you are on your General Dentist's monthly roster when you make your dental appointment.

Indemnity Dental: The plan provides complete freedom-of-choice in providers. No selection is necessary.

11. *How do I use my General Dentist?*

Prepaid Dental: Your General Dentist is responsible for maintaining your dental health. Should you need to see a specialist (periodontist, endodontist, oral surgeon, orthodontist), you may self-refer for dental care. You are encouraged to discuss all your dental health needs with your General Dentist. He or she will be happy to work with you to assure you understand your dental health needs. Assurant's provider directory lists all dental providers who participate with the plan. The contracted providers are credentialed to assure they meet Assurant's corporate standards.

Indemnity Dental: You may receive dental care from any licensed dentist or specialist in the United States. However, you also have the option to use a dentist who participates in the Dental Health Alliance (DHA) network, the dental network contracted with Assurant. Participating DHA dentists discount their fees up to 30% off their usual and customary fees for covered procedures. Assurant strongly recommends that whenever the cost of any proposed dental treatment exceeds \$300, a pre-treatment estimate be submitted for

review before treatment begins. This pre-estimate of benefits will inform you of your expected out-of-pocket costs.

12. *What is the procedure if I need to see a specialist?*

Prepaid Dental: You do not need a referral from your General Dentist to see a participating Plan Specialty Dentist. Plan Specialty Dentists are listed in the Assurant provider directory with their specialty type. If you enroll in the Heritage Secure w/ SBA plan in Arizona, there are specific procedures identified in the Schedule of Benefits that have a set copayment when performed by a Plan Specialty Dentist who accepts the SBA plan. The SBA Plan Specialty Dentists are indicated with an "S" in the directory listing. For services that are not listed on the SBA copayment list, the Plan Specialty Dentists will offer a 25% discount (15% for endodontic care) off their usual and customary charge (UCR). Benefits for specialty care are not available from non-Plan dentists. Orthodontic care is offered to adults and children at a 25% discount from the participating orthodontist's UCR fee.

If you enroll in the DHMO Dental Plan 220 with Ortho copayments in Arizona, many common specialty procedures can be performed by a participating network General Dentist or Plan Specialty Dentist for the same fixed copayment and are identified as such in the copayment listing with the symbol "(S)" after the applicable Service Description. In addition, many of these same common specialty procedures can also be performed by a Non-Plan Specialty Dentist. The specific proce-

Frequently Asked Questions

dures are listed in the copayment schedule. For these specific procedures, you will submit a claim to Assurant and receive reimbursement up to a maximum amount based on the procedure code performed. For dental services obtained from a Plan Specialty Dentist that are not listed in the copayment schedule, the Plan Specialty Dentist will offer a 25% discount (15% for endodontic care). Orthodontic care is provided for a set copayment for certain orthodontic procedures as listed in the copayment schedule for adults and children. Other orthodontic care is offered to adults and children at a 25% discount from the participating orthodontist's UCR fee.

Indemnity Dental: You can receive your dental care from any licensed dentist or specialist in the United States. However, you also have the option to use a dentist who participates in the Dental Health Alliance (DHA) network, the dental network contracted with Assurant. Participating DHA dentists discount their fees up to 30% off their usual and customary fees for covered procedures. Assurant strongly recommends that whenever the cost of any proposed dental treatment exceeds \$300, a pre-treatment estimate plan be submitted for review before treatment begins. This pre-estimate of benefits will inform you of your expected out-of-pocket costs.

13. How much and when do I have to pay for my dental visit?

Prepaid Dental: You will be charged according to your Schedule of Benefits on the Prepaid Dental Plan, depending on which plan you choose. You should carefully review your Evidence

of Coverage and copayment listing and discuss all charges with your Plan dentist before the services are performed. Payment for dental services is due at the time treatment is rendered or in accordance with the Plan dentist's billing procedures. Except for certain specialty procedures as listed in the DHMO Dental Plan 220 copayment schedule, any services performed by a Non-Plan Dentist are NOT covered.

Indemnity Dental: Most dentists will file your dental claims for you and charge you your coinsurance and any deductible that may apply. You will receive an Explanation of Benefits after Assurant pays the claim which will show you what benefits have been covered and the amount for which you are responsible. Assurant strongly recommends that whenever the cost of any proposed pre-treatment estimate exceeds \$300, a dental treatment plan be submitted for review before treatment begins. This pre-estimate of benefits will inform you of your expected out-of-pocket costs. You should review your Certificate of Coverage and discuss your proposed dental treatment options with your dentist before the services are performed.

14. What should I do if I have a dental emergency?

Prepaid Dental: First, contact your Plan General Dentist to make an appointment. If your Plan General Dentist is unable to see you, you may seek treatment from any licensed dentist in the United States. Please be informed that the emergency benefit in your plan is limited to the temporary relief of pain and has limited benefits.

Frequently Asked Questions

Indemnity Dental: You can receive your dental care from any licensed dentist or specialist in the United States. If your regular dentist cannot see you in an emergency, the dentist who treats you may require that you pay for your emergency dental care at the time treatment is rendered and then you will submit a claim directly to Assurant.

15. *How can I get a directory of participating dentists?*

Prepaid Dental: Call Assurant's ASRS on-site representative OR Assurant's customer service department at the numbers listed in the back of this guide or visit Assurant's dedicated web site at www.assurantemployeebenefits.com/ASRS and select the directory listing for the Prepaid Dental plan you have selected.

Indemnity Dental: You can receive your dental care from any licensed dentist or specialist in the United States. However, you also have the option to use a dentist who participates in the Dental Health Alliance (DHA) network, the dental network contracted with Assurant, to receive additional savings on all your covered dental treatments and services. Call Assurant's ASRS on-site representative OR Assurant's customer service department at the numbers listed in the back of this guide or visit Assurant's dedicated web site at www.assurantemployeebenefits.com/ASRS and select the directory listing for the DHA network of dentists.

Frequently Asked Questions

16. *How much are the 2013 monthly premiums for Medicare Part B?*

Your monthly premium will be higher if you file an individual tax return and your annual income is more than \$85,000, or if you are married (file a joint tax return) and your annual income is more than \$170,000.

If you meet these criteria, Social Security will use income from three years ago. For example, the income reported on your 2010 tax return will be used to determine your monthly Part B premium in 2013. If your income has decreased since 2010, you

can ask that the income from a more recent tax return be used to determine your premium, but you must meet certain criteria.

At the end of each year, Social Security Administration should have sent to you a letter if your Part B premium will increase based on the level of your income and to tell you what you can do if you disagree.

For more information about Part B premiums based on income, call Social Security at 800-772-1213. TTY users should call 800-325-0778.

If you are retiring in 2013...

You Pay:	If Your Yearly Income Is:	
\$104.90 \$146.90 \$209.80 \$272.70 \$335.70	<i>SINGLE</i>	<i>MARRIED COUPLE</i>
	\$85,000 or less	\$170,000 or less
	\$85,001 - \$107,000	\$170,001 - \$214,000
	\$107,001 - \$160,000	\$214,001 - \$320,000
	\$160,001 - \$214,000	\$320,001 - \$428,000
	Above \$214,000	Above \$428,000
You Pay:	If Married But Filing a Separate Tax Return, and Your Yearly Income Is:	
\$104.90 \$146.90 \$209.80 \$272.70 \$335.70	\$170,000 or less	
	\$170,001 - \$214,000	
	\$214,001 - \$320,000	
	\$320,001 - \$428,000	
	Above \$428,000	

Glossary

Allowable Amount Term used by some health care plans (both medical and dental plans) to determine the amount of the Billed Charge which would be considered Usual, Customary, and Reasonable (see definition below). Term may also be known as the allowable charge.

Balance Billing Billing a patient for the difference between the dentist's actual charge and the amount allowed or paid by the patient's dental benefits plan. Balance billing for an amount other than the discounted fee for the covered service(s) performed is not allowed with DHA participating dentists.

Billed Charge The amount the provider bills for services rendered.

Coinsurance The percent of the allowable amount to be paid by the insurance company and the patient; i.e., 60/40 or 80/20. The first percentage is paid by the company; 60% or 80% and the second percentage paid by the patient: 40% or 20%.

Copayment The fixed fee that must be paid to the provider at the time services are provided, such as the pharmacy for a prescription or the network dentist for a prepaid dental plan.

Deductible The initial amount the patient must pay out of their pocket for covered services before benefits are payable by the insurance carrier.

Emergency Defined by each plan in accordance with their standard definitions.

Health Maintenance Organization (HMO) A medical plan providing comprehensive medical benefits, including preventive care, when you agree to use a select group of network providers. Generally, all care is directed by your chosen Primary Care Physician (PCP). Your PCP will refer you to a specialist if medically appropriate.

Indemnity Dental Plan A dental plan that allows you to choose any eligible licensed provider in the United States to receive care. Members and dentists are reimbursed for eligible dental expenses according to the benefit schedule in effect, allowing for deductibles and coinsurance.

In-Network Services provided by a contracted provider in accordance with all plan requirements.

Medicaid A state-run health insurance program designed primarily to help those with low income and little or no resources. The federal government helps pay for Medicaid, but each state has its own rules about who is eligible and what is covered under Medicaid. Some people qualify for both Medicare and Medicaid.

Medicare Our country's health insurance program for people age 65 or older, certain people with disabilities who are under age 65 and people of any age who have permanent kidney failure. It provides basic protection against the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care.

Medicare is financed by a portion of Federal Insurance Contributions Act (FICA) taxes, or payroll taxes, paid by workers and their employers. It also is financed in part by monthly premiums paid by beneficiaries.

The Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for managing both Medicare and Medicaid.

There are three parts of Medicare. They are:

- **Hospital Insurance** (also called Medicare "Part A"), helps pay for care in a hospital and skilled nursing facility, home health care and hospice care.

Glossary (continued)

- **Medical Insurance** (also called Medicare “Part B”), helps pay for doctors, out-patient hospital care and other medical services. Medicare requires that you pay a monthly premium for Part B coverage.
- **Prescription Drug Insurance** (also called Medicare “Part D”), helps pay for a portion of the prescription drug expense after satisfying a calendar year deductible. Medicare requires that you pay a monthly premium for the "Part D" coverage. ASRS enrolled members do not have to purchase separate "Part D" coverage as each ASRS Medicare eligible medical plan provides a similar prescription drug program.

Group Medicare Advantage (HMO) Plan is a plan for members who are enrolled in Medicare Parts A & B and in which UnitedHealthcare has entered into a contract with The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. This contract authorizes UnitedHealthcare to provide comprehensive health services to persons who are entitled to Original Medicare benefits and who choose to enroll in the Group Medicare Advantage (HMO) Plan. By enrolling in the Group Medicare Advantage (HMO) Plan, you have made a decision to receive all your routine health care from UnitedHealthcare contracted providers.

Non-Participating Provider A provider with no contractual limitation on what he or she may bill and thus may practice balance-billing, as well as require payment at the time services are rendered.

Participating Specialty Dentist A specialized provider, such as an endodontist, oral surgeon, orthodontist, pedodontist, periodontist or prosthodontist, with a contractual limitation on what he or she may bill the patient for services covered by the prepaid dental plan or that offers discounts on covered services for members enrolled in one of the indemnity dental plans.

Pre-Estimate of Benefits (Indemnity Dental plan only) Whenever the estimated cost of a recommended Dental Treatment Plan exceeds \$300, the treatment plan should be submitted to the insurance carrier for review. This permits the carrier to review the treatment plan for alternative treatment procedures, which may be less costly, provided they do not affect the quality of care. The member knows in advance what his or her financial responsibility for the treatment will be prior to the actual services being performed.

Preferred Provider A provider who has signed an agreement with the insurance carrier not to charge that carrier's members more than the insurer's Allowable Amount.

Prepaid Dental Plan A dental plan that offers fixed copayments or discounts for dental services for members who agree to use dentists in the plan's provider network. Members select a general dentist from the network of dentists as their primary dentist and are listed as a member on the dentists' roster (the roster is a list of eligible members that is provided to the dentist on the 1st and 15th of every month). The member will receive a list of covered services and the amount he / she will pay to their selected Plan dentist (or Plan specialist) at the time services are rendered (referred to as the copayment).

Glossary (continued)

Primary Care Physician (PCP) The physician responsible in an Group Medicare Advantage (HMO) plan for directing all patient care including referrals to specialists and obtaining necessary pre-certifications. This physician is a General Practice, Family Practice, Pediatric or Internal Medicine specialist. Women can self-refer to an in-network OB/GYN.

Prophylaxis A routine cleaning procedure that includes light scraping (scaling) of the teeth to remove plaque and calculus/tartar. This procedure should be performed at least every six months.

Rehabilitation Usually physical therapy, speech therapy and/or occupational therapy.

Senior Supplement Plan is for members who are enrolled in both Medicare Parts A and B. With this plan you have the freedom to obtain medical care from any physician or hospital that accepts Medicare.

Specialty Benefit Amendment A special amendment added to one of the Arizona Heritage Secure Prepaid dental plan's Schedule of Benefits that allows members to receive select major dental services from Assurant contracted specialty dentists for a specific copayment; available to Arizona residents only.

Precertification Review A process that verifies the medical necessity and appropriateness of proposed services or supplies.

Preferred Provider Organization (PPO)

Plan A plan that provides benefits in an indemnity fashion, but pays a higher percentage of the cost of services if patients use a PPO network provider than if they use a non-PPO provider. **If you go to a provider who is a member of the PPO network**, after you first satisfy a deductible, the plan generally pays 80 percent of the cost for care and you pay 20 percent. **If you go to a provider who is not a member of the PPO network**, after you first satisfy a deductible, the plan generally pays 60 percent of the cost for care and you pay 40 percent.

Usual, Customary and Reasonable (UCR)

A charge which is based on the general level of charges made by other providers in the area for like treatment, procedures, services, and/or supplies, also known as the Allowable Amount or allowable charge. The insurance carrier's determination of the UCR is final for the purpose of determining benefits payable under the insurance carrier's policy.

Optional Premium Benefit Program Factor Table 100% Joint & Survivor Factors

Age of Retiree*																				
Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9640	0.9606	0.9569	0.9527	0.9482	0.9432	0.9376	0.9315	0.9247	0.9171	0.9087	0.8994	0.8891	0.8776	0.8647	0.8537	0.8420	0.8296	0.8166	0.8030
52	0.9654	0.9620	0.9584	0.9544	0.9500	0.9451	0.9397	0.9337	0.9271	0.9197	0.9115	0.9024	0.8923	0.8810	0.8684	0.8576	0.8461	0.8340	0.8212	0.8078
53	0.9667	0.9635	0.9599	0.9560	0.9518	0.9470	0.9418	0.9359	0.9295	0.9223	0.9143	0.9054	0.8955	0.8844	0.8721	0.8614	0.8502	0.8383	0.8258	0.8125
54	0.9680	0.9648	0.9614	0.9577	0.9535	0.9489	0.9438	0.9381	0.9318	0.9248	0.9170	0.9083	0.8986	0.8878	0.8757	0.8653	0.8542	0.8426	0.8303	0.8173
55	0.9692	0.9662	0.9629	0.9592	0.9552	0.9507	0.9458	0.9403	0.9341	0.9273	0.9197	0.9112	0.9017	0.8911	0.8792	0.8690	0.8582	0.8468	0.8347	0.8220
56	0.9704	0.9675	0.9643	0.9608	0.9569	0.9526	0.9477	0.9424	0.9364	0.9297	0.9223	0.9140	0.9047	0.8943	0.8827	0.8727	0.8621	0.8509	0.8391	0.8266
57	0.9716	0.9688	0.9657	0.9623	0.9585	0.9543	0.9496	0.9444	0.9386	0.9321	0.9249	0.9167	0.9077	0.8975	0.8860	0.8762	0.8659	0.8549	0.8433	0.8310
58	0.9728	0.9700	0.9671	0.9637	0.9601	0.9560	0.9515	0.9464	0.9407	0.9344	0.9273	0.9194	0.9105	0.9005	0.8892	0.8797	0.8695	0.8587	0.8473	0.8353
59	0.9739	0.9712	0.9683	0.9651	0.9616	0.9576	0.9532	0.9483	0.9428	0.9366	0.9297	0.9219	0.9132	0.9034	0.8923	0.8829	0.8729	0.8623	0.8511	0.8393
60	0.9749	0.9724	0.9696	0.9665	0.9630	0.9592	0.9549	0.9501	0.9447	0.9387	0.9319	0.9243	0.9157	0.9061	0.8951	0.8859	0.8761	0.8656	0.8546	0.8429
61	0.9758	0.9734	0.9707	0.9677	0.9644	0.9606	0.9564	0.9518	0.9465	0.9406	0.9340	0.9265	0.9181	0.9085	0.8977	0.8886	0.8789	0.8686	0.8577	0.8462
62	0.9767	0.9744	0.9718	0.9688	0.9656	0.9620	0.9579	0.9533	0.9482	0.9424	0.9359	0.9285	0.9202	0.9108	0.9001	0.8911	0.8815	0.8713	0.8605	0.8490
63	0.9775	0.9752	0.9727	0.9699	0.9667	0.9632	0.9592	0.9547	0.9497	0.9440	0.9375	0.9303	0.9220	0.9127	0.9020	0.8931	0.8835	0.8734	0.8626	0.8513
64	0.9782	0.9760	0.9735	0.9708	0.9677	0.9642	0.9603	0.9559	0.9509	0.9453	0.9389	0.9317	0.9235	0.9142	0.9035	0.8946	0.8851	0.8749	0.8641	0.8527
65	0.9788	0.9766	0.9742	0.9715	0.9685	0.9651	0.9612	0.9569	0.9520	0.9464	0.9400	0.9328	0.9246	0.9152	0.9044	0.8955	0.8859	0.8757	0.8648	0.8533
66	0.9798	0.9777	0.9754	0.9728	0.9699	0.9667	0.9630	0.9588	0.9541	0.9487	0.9426	0.9356	0.9276	0.9185	0.9080	0.8992	0.8899	0.8799	0.8693	0.8580
67	0.9807	0.9788	0.9766	0.9741	0.9714	0.9683	0.9647	0.9607	0.9562	0.9510	0.9451	0.9384	0.9306	0.9217	0.9115	0.9030	0.8939	0.8841	0.8737	0.8627
68	0.9817	0.9798	0.9777	0.9754	0.9728	0.9698	0.9664	0.9626	0.9582	0.9533	0.9476	0.9411	0.9336	0.9250	0.9150	0.9068	0.8979	0.8884	0.8782	0.8674
69	0.9826	0.9808	0.9788	0.9766	0.9741	0.9713	0.9681	0.9644	0.9602	0.9555	0.9500	0.9437	0.9365	0.9282	0.9185	0.9105	0.9018	0.8926	0.8827	0.8722
70	0.9834	0.9818	0.9799	0.9778	0.9754	0.9727	0.9697	0.9662	0.9622	0.9576	0.9524	0.9463	0.9394	0.9313	0.9219	0.9141	0.9058	0.8968	0.8872	0.8769

*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

Optional Premium Benefit Program Factor

Table 66-2/3% Joint & Survivor Factors

Age of Retiree*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9757	0.9734	0.9708	0.9680	0.9648	0.9614	0.9575	0.9532	0.9485	0.9432	0.9372	0.9306	0.9232	0.9149	0.9055	0.8974	0.8888	0.8796	0.8698	0.8594
52	0.9766	0.9744	0.9719	0.9691	0.9661	0.9627	0.9590	0.9548	0.9502	0.9450	0.9392	0.9328	0.9255	0.9174	0.9082	0.9003	0.8919	0.8828	0.8732	0.8631
53	0.9775	0.9753	0.9729	0.9703	0.9673	0.9640	0.9604	0.9564	0.9518	0.9468	0.9412	0.9349	0.9278	0.9199	0.9109	0.9032	0.8949	0.8861	0.8767	0.8667
54	0.9784	0.9763	0.9739	0.9714	0.9685	0.9653	0.9618	0.9579	0.9535	0.9486	0.9431	0.9370	0.9300	0.9223	0.9135	0.9060	0.8979	0.8892	0.8801	0.8703
55	0.9793	0.9772	0.9750	0.9725	0.9697	0.9666	0.9632	0.9594	0.9551	0.9503	0.9450	0.9390	0.9323	0.9247	0.9161	0.9087	0.9008	0.8924	0.8834	0.8738
56	0.9801	0.9781	0.9759	0.9735	0.9708	0.9679	0.9645	0.9608	0.9567	0.9520	0.9468	0.9410	0.9344	0.9270	0.9186	0.9114	0.9036	0.8954	0.8866	0.8773
57	0.9809	0.9790	0.9769	0.9745	0.9720	0.9691	0.9658	0.9622	0.9582	0.9537	0.9486	0.9429	0.9365	0.9292	0.9210	0.9139	0.9064	0.8983	0.8897	0.8806
58	0.9817	0.9798	0.9778	0.9755	0.9730	0.9702	0.9671	0.9636	0.9597	0.9553	0.9503	0.9448	0.9385	0.9314	0.9233	0.9164	0.9090	0.9011	0.8927	0.8838
59	0.9824	0.9806	0.9787	0.9765	0.9741	0.9713	0.9683	0.9649	0.9611	0.9568	0.9520	0.9465	0.9404	0.9334	0.9255	0.9187	0.9115	0.9038	0.8955	0.8868
60	0.9831	0.9814	0.9795	0.9774	0.9750	0.9724	0.9695	0.9662	0.9624	0.9583	0.9535	0.9482	0.9422	0.9353	0.9276	0.9209	0.9138	0.9062	0.8981	0.8895
61	0.9838	0.9821	0.9803	0.9782	0.9760	0.9734	0.9705	0.9673	0.9637	0.9596	0.9550	0.9498	0.9438	0.9371	0.9294	0.9229	0.9159	0.9084	0.9004	0.8919
62	0.9844	0.9828	0.9810	0.9790	0.9768	0.9743	0.9715	0.9684	0.9648	0.9608	0.9563	0.9512	0.9453	0.9387	0.9311	0.9246	0.9177	0.9103	0.9024	0.8940
63	0.9849	0.9834	0.9816	0.9797	0.9776	0.9751	0.9724	0.9693	0.9659	0.9619	0.9575	0.9524	0.9466	0.9400	0.9325	0.9261	0.9192	0.9119	0.9040	0.8957
64	0.9854	0.9839	0.9822	0.9803	0.9782	0.9759	0.9732	0.9702	0.9667	0.9629	0.9585	0.9534	0.9477	0.9411	0.9335	0.9272	0.9203	0.9130	0.9051	0.8968
65	0.9858	0.9843	0.9827	0.9808	0.9788	0.9764	0.9738	0.9708	0.9675	0.9636	0.9592	0.9542	0.9484	0.9418	0.9342	0.9278	0.9209	0.9135	0.9056	0.8971
66	0.9864	0.9850	0.9835	0.9817	0.9798	0.9775	0.9750	0.9722	0.9689	0.9652	0.9610	0.9561	0.9506	0.9441	0.9367	0.9305	0.9238	0.9166	0.9089	0.9006
67	0.9871	0.9858	0.9843	0.9826	0.9807	0.9786	0.9762	0.9735	0.9704	0.9668	0.9627	0.9580	0.9527	0.9464	0.9392	0.9332	0.9267	0.9197	0.9121	0.9041
68	0.9877	0.9864	0.9850	0.9835	0.9817	0.9797	0.9774	0.9748	0.9718	0.9683	0.9644	0.9599	0.9547	0.9487	0.9417	0.9358	0.9295	0.9227	0.9154	0.9075
69	0.9883	0.9871	0.9858	0.9843	0.9826	0.9807	0.9785	0.9760	0.9731	0.9699	0.9661	0.9618	0.9567	0.9509	0.9441	0.9385	0.9324	0.9257	0.9186	0.9110
70	0.9889	0.9878	0.9865	0.9851	0.9835	0.9816	0.9796	0.9772	0.9745	0.9713	0.9677	0.9636	0.9587	0.9531	0.9465	0.9411	0.9351	0.9287	0.9218	0.9144

*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

Optional Premium Benefit Program Factor

Table 50% Joint & Survivor Factors

Age of Retiree*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9817	0.9799	0.9779	0.9758	0.9734	0.9707	0.9678	0.9645	0.9609	0.9568	0.9522	0.9470	0.9413	0.9348	0.9274	0.9211	0.9142	0.9069	0.8991	0.8907
52	0.9824	0.9807	0.9788	0.9767	0.9743	0.9718	0.9689	0.9657	0.9622	0.9582	0.9537	0.9487	0.9431	0.9367	0.9296	0.9233	0.9166	0.9095	0.9018	0.8937
53	0.9831	0.9814	0.9796	0.9775	0.9753	0.9728	0.9700	0.9669	0.9634	0.9596	0.9552	0.9503	0.9449	0.9387	0.9317	0.9256	0.9190	0.9120	0.9046	0.8966
54	0.9837	0.9821	0.9803	0.9784	0.9762	0.9738	0.9711	0.9681	0.9647	0.9609	0.9567	0.9520	0.9466	0.9406	0.9337	0.9278	0.9214	0.9146	0.9073	0.8995
55	0.9844	0.9828	0.9811	0.9792	0.9771	0.9748	0.9721	0.9692	0.9660	0.9623	0.9582	0.9535	0.9483	0.9424	0.9357	0.9299	0.9237	0.9170	0.9099	0.9023
56	0.9850	0.9835	0.9818	0.9800	0.9780	0.9757	0.9732	0.9703	0.9672	0.9636	0.9596	0.9551	0.9500	0.9442	0.9377	0.9320	0.9259	0.9194	0.9125	0.9051
57	0.9856	0.9842	0.9826	0.9808	0.9788	0.9766	0.9742	0.9714	0.9683	0.9649	0.9610	0.9566	0.9516	0.9460	0.9396	0.9340	0.9281	0.9218	0.9150	0.9077
58	0.9862	0.9848	0.9833	0.9815	0.9796	0.9775	0.9751	0.9725	0.9695	0.9661	0.9623	0.9580	0.9531	0.9476	0.9414	0.9360	0.9302	0.9240	0.9173	0.9102
59	0.9868	0.9854	0.9839	0.9823	0.9804	0.9784	0.9760	0.9735	0.9705	0.9673	0.9635	0.9594	0.9546	0.9492	0.9431	0.9378	0.9321	0.9260	0.9195	0.9126
60	0.9873	0.9860	0.9845	0.9829	0.9812	0.9792	0.9769	0.9744	0.9716	0.9684	0.9647	0.9606	0.9560	0.9507	0.9447	0.9395	0.9339	0.9280	0.9216	0.9148
61	0.9878	0.9865	0.9851	0.9836	0.9819	0.9799	0.9777	0.9753	0.9725	0.9694	0.9659	0.9618	0.9573	0.9521	0.9461	0.9410	0.9356	0.9297	0.9234	0.9167
62	0.9882	0.9870	0.9857	0.9842	0.9825	0.9806	0.9785	0.9761	0.9734	0.9703	0.9669	0.9629	0.9584	0.9533	0.9474	0.9424	0.9370	0.9312	0.9250	0.9184
63	0.9886	0.9875	0.9862	0.9847	0.9831	0.9812	0.9792	0.9768	0.9742	0.9712	0.9678	0.9639	0.9594	0.9543	0.9485	0.9435	0.9382	0.9324	0.9263	0.9197
64	0.9890	0.9879	0.9866	0.9852	0.9836	0.9818	0.9798	0.9775	0.9749	0.9719	0.9685	0.9647	0.9602	0.9552	0.9493	0.9444	0.9390	0.9333	0.9271	0.9205
65	0.9893	0.9882	0.9869	0.9855	0.9840	0.9822	0.9802	0.9780	0.9754	0.9725	0.9691	0.9652	0.9608	0.9557	0.9498	0.9448	0.9395	0.9337	0.9275	0.9208
66	0.9898	0.9887	0.9876	0.9862	0.9847	0.9831	0.9812	0.9790	0.9765	0.9737	0.9704	0.9667	0.9625	0.9575	0.9518	0.9469	0.9417	0.9361	0.9301	0.9236
67	0.9903	0.9893	0.9882	0.9869	0.9855	0.9839	0.9821	0.9800	0.9776	0.9749	0.9718	0.9682	0.9641	0.9593	0.9537	0.9490	0.9440	0.9385	0.9326	0.9263
68	0.9908	0.9898	0.9887	0.9875	0.9862	0.9847	0.9829	0.9809	0.9787	0.9761	0.9731	0.9696	0.9657	0.9610	0.9556	0.9511	0.9462	0.9409	0.9352	0.9290
69	0.9912	0.9903	0.9893	0.9882	0.9869	0.9854	0.9838	0.9819	0.9797	0.9772	0.9744	0.9710	0.9672	0.9627	0.9575	0.9531	0.9484	0.9433	0.9377	0.9317
70	0.9916	0.9908	0.9898	0.9888	0.9876	0.9862	0.9846	0.9828	0.9807	0.9783	0.9756	0.9724	0.9687	0.9644	0.9594	0.9551	0.9506	0.9456	0.9402	0.9344

*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

Optional Premium Benefit Program Factor

Table 15 Years Period Certain & Life Factors

Age of Retiree*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9850	0.9835	0.9819	0.9800	0.9778	0.9754	0.9726	0.9694	0.9657	0.9614	0.9565	0.9508	0.9443	0.9368	0.9281	0.9202	0.9116	0.9021	0.8919	0.8808
52	0.9855	0.9841	0.9824	0.9806	0.9786	0.9762	0.9735	0.9704	0.9668	0.9627	0.9579	0.9524	0.9461	0.9387	0.9303	0.9226	0.9142	0.9050	0.8950	0.8842
53	0.9860	0.9846	0.9830	0.9812	0.9792	0.9770	0.9743	0.9713	0.9679	0.9639	0.9592	0.9539	0.9477	0.9406	0.9323	0.9248	0.9166	0.9077	0.8979	0.8874
54	0.9864	0.9850	0.9835	0.9818	0.9799	0.9777	0.9751	0.9722	0.9688	0.9650	0.9605	0.9553	0.9493	0.9423	0.9343	0.9270	0.9190	0.9103	0.9008	0.8905
55	0.9868	0.9855	0.9840	0.9823	0.9805	0.9783	0.9759	0.9730	0.9698	0.9660	0.9616	0.9565	0.9507	0.9439	0.9361	0.9290	0.9212	0.9127	0.9034	0.8934
56	0.9871	0.9859	0.9844	0.9828	0.9810	0.9789	0.9765	0.9738	0.9706	0.9669	0.9626	0.9577	0.9520	0.9454	0.9377	0.9308	0.9232	0.9149	0.9059	0.8961
57	0.9875	0.9862	0.9848	0.9833	0.9815	0.9794	0.9771	0.9744	0.9713	0.9677	0.9636	0.9588	0.9532	0.9467	0.9392	0.9324	0.9250	0.9169	0.9081	0.8985
58	0.9878	0.9865	0.9852	0.9836	0.9819	0.9799	0.9776	0.9750	0.9720	0.9685	0.9644	0.9597	0.9542	0.9479	0.9405	0.9339	0.9266	0.9187	0.9100	0.9007
59	0.9880	0.9868	0.9855	0.9840	0.9823	0.9803	0.9781	0.9755	0.9725	0.9691	0.9651	0.9605	0.9551	0.9488	0.9416	0.9351	0.9279	0.9202	0.9117	0.9025
60	0.9882	0.9871	0.9858	0.9843	0.9826	0.9807	0.9785	0.9759	0.9730	0.9696	0.9657	0.9611	0.9558	0.9496	0.9424	0.9360	0.9290	0.9213	0.9130	0.9039
61	0.9884	0.9873	0.9860	0.9845	0.9828	0.9809	0.9788	0.9762	0.9733	0.9700	0.9661	0.9615	0.9563	0.9501	0.9430	0.9366	0.9297	0.9221	0.9139	0.9049
62	0.9885	0.9874	0.9861	0.9846	0.9830	0.9811	0.9789	0.9764	0.9735	0.9702	0.9663	0.9618	0.9565	0.9504	0.9432	0.9369	0.9300	0.9225	0.9143	0.9054
63	0.9886	0.9874	0.9861	0.9847	0.9830	0.9812	0.9790	0.9765	0.9736	0.9702	0.9663	0.9618	0.9565	0.9503	0.9431	0.9368	0.9299	0.9223	0.9141	0.9052
64	0.9885	0.9874	0.9861	0.9846	0.9830	0.9811	0.9789	0.9764	0.9735	0.9701	0.9661	0.9615	0.9562	0.9499	0.9425	0.9362	0.9292	0.9215	0.9132	0.9042
65	0.9884	0.9872	0.9859	0.9845	0.9828	0.9809	0.9786	0.9761	0.9731	0.9696	0.9656	0.9609	0.9554	0.9490	0.9414	0.9349	0.9278	0.9200	0.9115	0.9023
66	0.9885	0.9874	0.9861	0.9846	0.9830	0.9811	0.9789	0.9764	0.9734	0.9700	0.9660	0.9614	0.9560	0.9496	0.9421	0.9356	0.9286	0.9209	0.9125	0.9033
67	0.9887	0.9875	0.9863	0.9848	0.9832	0.9813	0.9792	0.9767	0.9738	0.9704	0.9665	0.9619	0.9565	0.9502	0.9428	0.9364	0.9295	0.9218	0.9135	0.9045
68	0.9888	0.9877	0.9864	0.9850	0.9834	0.9816	0.9795	0.9770	0.9742	0.9709	0.9670	0.9625	0.9572	0.9509	0.9436	0.9373	0.9304	0.9229	0.9147	0.9058
69	0.9890	0.9879	0.9867	0.9853	0.9837	0.9819	0.9798	0.9774	0.9746	0.9714	0.9675	0.9631	0.9579	0.9517	0.9444	0.9382	0.9314	0.9240	0.9159	0.9071
70	0.9891	0.9881	0.9869	0.9855	0.9840	0.9822	0.9802	0.9778	0.9751	0.9719	0.9681	0.9637	0.9586	0.9525	0.9453	0.9392	0.9326	0.9252	0.9173	0.9086

*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

Optional Premium Benefit Program Factor

Table 10 Years Period Certain & Life Factors

Age of Retiree*																				
Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9904	0.9895	0.9886	0.9875	0.9864	0.9849	0.9833	0.9813	0.9790	0.9764	0.9732	0.9696	0.9653	0.9603	0.9544	0.9491	0.9433	0.9370	0.9300	0.9223
52	0.9904	0.9895	0.9886	0.9876	0.9864	0.9850	0.9833	0.9813	0.9791	0.9764	0.9733	0.9696	0.9653	0.9603	0.9544	0.9492	0.9434	0.9370	0.9301	0.9224
53	0.9904	0.9895	0.9886	0.9876	0.9864	0.9850	0.9833	0.9814	0.9791	0.9764	0.9733	0.9696	0.9654	0.9603	0.9544	0.9492	0.9434	0.9371	0.9301	0.9225
54	0.9904	0.9895	0.9886	0.9876	0.9864	0.9850	0.9833	0.9814	0.9791	0.9764	0.9733	0.9697	0.9654	0.9604	0.9545	0.9493	0.9435	0.9372	0.9302	0.9226
55	0.9904	0.9896	0.9886	0.9876	0.9865	0.9850	0.9833	0.9814	0.9791	0.9765	0.9734	0.9697	0.9655	0.9604	0.9546	0.9493	0.9436	0.9373	0.9303	0.9227
56	0.9909	0.9901	0.9892	0.9882	0.9871	0.9857	0.9841	0.9823	0.9801	0.9776	0.9746	0.9712	0.9671	0.9623	0.9566	0.9516	0.9461	0.9400	0.9333	0.9260
57	0.9913	0.9905	0.9896	0.9887	0.9877	0.9864	0.9849	0.9831	0.9810	0.9786	0.9758	0.9725	0.9685	0.9639	0.9585	0.9537	0.9484	0.9425	0.9361	0.9291
58	0.9917	0.9909	0.9901	0.9892	0.9882	0.9869	0.9855	0.9838	0.9818	0.9795	0.9768	0.9736	0.9698	0.9654	0.9601	0.9555	0.9504	0.9448	0.9386	0.9318
59	0.9920	0.9912	0.9905	0.9896	0.9886	0.9874	0.9860	0.9844	0.9825	0.9803	0.9777	0.9746	0.9709	0.9666	0.9615	0.9571	0.9521	0.9467	0.9407	0.9342
60	0.9922	0.9915	0.9908	0.9899	0.9890	0.9879	0.9865	0.9849	0.9831	0.9809	0.9784	0.9754	0.9718	0.9676	0.9627	0.9583	0.9536	0.9483	0.9425	0.9361
61	0.9925	0.9918	0.9910	0.9902	0.9893	0.9882	0.9869	0.9853	0.9835	0.9814	0.9789	0.9760	0.9725	0.9684	0.9635	0.9593	0.9546	0.9494	0.9438	0.9375
62	0.9926	0.9919	0.9912	0.9904	0.9895	0.9884	0.9871	0.9856	0.9838	0.9817	0.9792	0.9763	0.9729	0.9688	0.9640	0.9598	0.9552	0.9501	0.9445	0.9384
63	0.9927	0.9920	0.9913	0.9905	0.9896	0.9885	0.9872	0.9857	0.9839	0.9818	0.9794	0.9764	0.9730	0.9689	0.9640	0.9599	0.9553	0.9502	0.9446	0.9385
64	0.9926	0.9920	0.9912	0.9904	0.9896	0.9884	0.9871	0.9856	0.9838	0.9817	0.9792	0.9762	0.9727	0.9686	0.9636	0.9594	0.9547	0.9496	0.9439	0.9377
65	0.9925	0.9918	0.9911	0.9903	0.9894	0.9882	0.9869	0.9853	0.9835	0.9813	0.9787	0.9757	0.9720	0.9677	0.9625	0.9582	0.9534	0.9481	0.9423	0.9359
66	0.9925	0.9918	0.9911	0.9903	0.9894	0.9883	0.9869	0.9854	0.9836	0.9814	0.9788	0.9758	0.9722	0.9679	0.9627	0.9584	0.9536	0.9484	0.9426	0.9362
67	0.9926	0.9919	0.9912	0.9904	0.9895	0.9883	0.9870	0.9855	0.9837	0.9815	0.9790	0.9760	0.9724	0.9681	0.9629	0.9586	0.9539	0.9487	0.9429	0.9366
68	0.9926	0.9919	0.9912	0.9904	0.9895	0.9884	0.9871	0.9856	0.9838	0.9816	0.9791	0.9761	0.9726	0.9683	0.9632	0.9589	0.9542	0.9490	0.9433	0.9370
69	0.9927	0.9920	0.9913	0.9905	0.9896	0.9885	0.9872	0.9857	0.9839	0.9818	0.9793	0.9763	0.9728	0.9685	0.9634	0.9592	0.9545	0.9494	0.9437	0.9374
70	0.9927	0.9921	0.9913	0.9906	0.9897	0.9886	0.9873	0.9858	0.9840	0.9820	0.9795	0.9765	0.9730	0.9688	0.9637	0.9595	0.9549	0.9498	0.9441	0.9379

*For factors outside these age ranges, please contact the ASRS Member Services Division Date: January 1, 2007

Optional Premium Benefit Program Factor

Table 5 Years Period Certain & Life Factors

Age of Retiree*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9870	0.9850	0.9825	0.9795	0.9770	0.9743	0.9713	0.9680	0.9643
52	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9870	0.9850	0.9825	0.9795	0.9770	0.9743	0.9713	0.9680	0.9643
53	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9825	0.9795	0.9770	0.9743	0.9713	0.9680	0.9644
54	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9826	0.9795	0.9771	0.9743	0.9713	0.9680	0.9644
55	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9826	0.9795	0.9771	0.9743	0.9713	0.9680	0.9644
56	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9826	0.9795	0.9771	0.9743	0.9713	0.9680	0.9644
57	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9910	0.9901	0.9887	0.9871	0.9851	0.9826	0.9795	0.9771	0.9744	0.9714	0.9681	0.9644
58	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9911	0.9901	0.9888	0.9871	0.9851	0.9826	0.9796	0.9771	0.9744	0.9714	0.9681	0.9644
59	0.9956	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9911	0.9901	0.9888	0.9871	0.9851	0.9826	0.9796	0.9771	0.9744	0.9714	0.9681	0.9645
60	0.9956	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9911	0.9901	0.9888	0.9871	0.9851	0.9826	0.9796	0.9771	0.9744	0.9714	0.9681	0.9645
61	0.9960	0.9956	0.9952	0.9948	0.9943	0.9938	0.9932	0.9926	0.9919	0.9910	0.9898	0.9883	0.9864	0.9841	0.9813	0.9791	0.9766	0.9738	0.9708	0.9674
62	0.9963	0.9959	0.9955	0.9952	0.9947	0.9943	0.9937	0.9932	0.9925	0.9917	0.9905	0.9891	0.9874	0.9853	0.9826	0.9805	0.9782	0.9756	0.9728	0.9697
63	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9922	0.9910	0.9897	0.9880	0.9859	0.9834	0.9814	0.9792	0.9767	0.9740	0.9710
64	0.9965	0.9962	0.9959	0.9955	0.9951	0.9947	0.9942	0.9936	0.9930	0.9923	0.9912	0.9898	0.9882	0.9861	0.9835	0.9815	0.9793	0.9769	0.9742	0.9713
65	0.9964	0.9961	0.9958	0.9954	0.9950	0.9945	0.9940	0.9935	0.9928	0.9921	0.9909	0.9895	0.9878	0.9856	0.9828	0.9808	0.9785	0.9760	0.9732	0.9701
66	0.9964	0.9961	0.9958	0.9954	0.9950	0.9945	0.9941	0.9935	0.9928	0.9921	0.9910	0.9895	0.9878	0.9856	0.9829	0.9808	0.9785	0.9760	0.9732	0.9702
67	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9921	0.9910	0.9896	0.9878	0.9857	0.9829	0.9809	0.9786	0.9760	0.9733	0.9702
68	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9921	0.9910	0.9896	0.9879	0.9857	0.9830	0.9809	0.9786	0.9761	0.9733	0.9703
69	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9922	0.9910	0.9896	0.9879	0.9857	0.9830	0.9810	0.9787	0.9762	0.9734	0.9704
70	0.9965	0.9962	0.9958	0.9954	0.9950	0.9946	0.9941	0.9936	0.9929	0.9922	0.9910	0.9897	0.9879	0.9858	0.9830	0.9810	0.9787	0.9762	0.9735	0.9704

*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

Telephone Numbers & Websites

FOR RETIREES, LTD RECIPIENTS & ELIGIBLE DEPENDENTS

REMEMBER WHEN CALLING THE INSURANCE CARRIERS, TELL THEM YOU ARE AN ASRS MEMBER.

CARRIER	MEMBER SERVICES	INTERNET ADDRESS
MEDICAL PROVIDER		
UnitedHealthcare of Arizona (M-F 7 AM-8 PM, MST)		
OptumHealth Vision	800-638-3120	Behaviorial Health: www.liveandworkwell.com www.optumhealthvision.com
Choice Plan (in-state)	800-357-0971	www.uhcretiree.com/asrs
Choice Plus PPO Plan (out-of-state)	800-509-6729	www.myuhc.com
Senior Supplement Plan (M-F, 8 AM-8 PM, MST)	866-480-1087	UnitedHealthcare MedicareRX for Groups Medicare Prescription Drug Plan (offered with UnitedHealthcare Senior Supplement) 888-556-6648 (Available 24/7) TTY: 711, when prompted: 888-556-6648 www.unitedhealthrxforgroups.com
Group Medicare Advantage (HMO) Plan (M-F, 8 AM-8 PM, MST)	866-208-3248	
OptumRx (Avail 24/7)	800-377-5154	
Group Medicare Advantage (HMO) w/Prescription Drug Plan (M-F, 8 AM-8 PM, MST)	866-208-3248	
TTY: 711, when prompted:	866-208-3248	
DENTAL PROVIDER		
Assurant Employee Benefits		
(Monday-Thursday 7 AM-7 PM, CST; Friday 7 AM-6 PM, CST)		www.assurantemployeebenefits.com/ASRS
Indemnity Dental Claims	800-442-7742	
PPO Dental Providers (DHA)	800-985-9895	
Prepaid Dental	800-443-2995	
Vision Discount Services	800-877-7195	www.vsp.com
ASRS retirees may also call the ASRS On-Site Representatives (Weekdays 8 AM-5 PM, MST)		
Phoenix Area	602-240-2000, ext. 2032	
Tucson Area	520-239-3100, ext. 2032	
Out-of-Area	800-621-3778, ext. 2032	
PRESCRIPTION DISCOUNT CARD		
WellCard	800-479-2000	www.wellcard.com
(Available 24/7)		
HEARING BENEFITS		
Arizona HearCare Network	800-532-3331	www.arizonahearcare.com
(Weekdays 8 AM-4:30 PM, MST)		
ASRS MEMBER SERVICES		
(Weekdays 8 AM-5 PM, MST)		
Phoenix Area	602-240-2000	www.azasrs.gov
Tucson Area	520-239-3100	
Out-of-Area	800-621-3778	
PSPRS, CORP & EORP BENEFITS OFFICE		
(Weekdays 8 AM-5 PM, MST)	602-255-5575	www.psprs.com
ADOA BENEFITS OFFICE		
(Weekdays 8 AM-5 PM, MST)	602-542-5008 800-304-3687	www.benefitoptions.az.gov
OTHER HELPFUL NUMBERS & WEBSITES		
Social Security	800-772-1213	www.ssa.gov
Medicare	800-633-4227	www.medicare.gov



Arizona State Retirement System

PHOENIX MEMBER SERVICES

3300 North Central Avenue
Phoenix, AZ 85012

TUCSON MEMBER SERVICES

7660 East Broadway Boulevard, Suite 108
Tucson, AZ 85710

Effective January 1, 2013